

CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Division of Survey & Certification

January 26, 2012

Kathleen Connerley, RN, MS Vice President, Patient Care Services St. Joseph Regional Medical Center 415 Sixth Street (PO Box 816) Lewiston, ID 83501

CMS Certification Number: 13-0003

Re: Plan of correction received

Dear Ms. Connerley:

The Centers for Medicare and Medicaid Services (CMS) is in receipt of St. Joseph Regional Medical Center's voluntarily-submitted plan of correction in response to the complaint survey completed December 9, 2011, by the Idaho Bureau of Facility Standards (State survey agency). As per our December 27, 2011 letter, an unannounced full health and life safety code survey will be conducted by the Idaho Bureau of Facility Standards.

If you have any questions, please contact me at (206) 615-2432 or by e-mail catherine.mitchell@cms.hhs.gov.

Sincerely,

Kate Mitchell, RN, Health Insurance Specialist Survey, Certification and Enforcement Branch

cc: Idaho Bureau of Facility Standards



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Division of Survey & Certification

IMPORTANT NOTICE - PLEASE READ CAREFULLY

December 27, 2011

Timothy Sayler, President and CEO St. Joseph Regional Medical Center 415 Sixth Street (PO BOX 816) Lewiston, ID 83501

CMS Certification Number: 13-0003

Re: Complaint survey 12/09/2011 and CoP not met

Deemed status removed and placed under State survey jurisdiction

Full health and life safety code survey to be conducted

Dear Mr. Sayler:

To participate as a provider of services in the Medicare and Medicaid Programs, a hospital must meet all of the Conditions of Participation (CoP) established by the Secretary of Health and Human Services.

The Idaho Bureau of Facility Standards (State agency) completed a complaint investigation authorized by the Centers for Medicare & Medicaid Services (CMS) on December 9, 2011. Based on a review of the deficiencies identified during this investigation, we have determined that St. Joseph Regional Medical Center is not in substantial compliance with the Medicare hospital Condition of Participation – Patient Rights (42 Code of Federal Regulations (CFR)) § 482.13.

Section 1865 of the Social Security Act (The Act) and pursuant regulations provide that a hospital accredited by The Joint Commission will be "deemed" to meet all Medicare health and safety requirements with the exception of those relating to utilization review. Section 1864 of The Act authorizes the Secretary of Health and Human Services to conduct a survey of an accredited hospital participating in Medicare if there is a substantial allegation of a serious deficiency which would, if found to be present, adversely affect the health and safety of patients. Therefore, as a result of the December 9, 2011, complaint survey findings, we are required following timely notification to the accrediting body, to place the hospital under Medicare State agency survey jurisdiction until the hospital is in compliance with all Conditions of Participation.

The deficiencies cited limit the capacity of St. Joseph Regional Medical Center to furnish services of an adequate level or quality. The deficiencies, which led to our decision, are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). It is not a requirement to submit a plan of correction; however, under federal disclosure rules, findings of the inspection, including the plan of correction submitted by the facility, become publicly disclosable if requested.

You may therefore wish to submit your plans for correcting the deficiencies cited within 10 calendar days of receipt of this letter. An acceptable plan of correction contains the following elements:

- The plan for correcting each specific deficiency cited;
- The plan should address improving the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- All plans of correction must demonstrate how the hospital has incorporated its improvement
 actions into its Quality Assessment and Performance Improvement (QAPI) program,
 addressing improvements in its systems in order to prevent the likelihood of the deficient
 practice reoccurring. The plan must include the monitoring and tracking procedures to
 ensure the plan of correction is effective and that specific deficiencies cited remain corrected
 and/or in compliance with the regulatory requirements; and
- The plan must include the title of the person responsible for implementing the acceptable plan of correction.

Each deficiency should be corrected as soon as possible. Additionally, please sign and date page one where indicated prior to returning the CMS-2567 to our office. Please send the completed plan of correction to the address below, with a copy to the State agency:

CMS – Survey and Certification Attention: Kate Mitchell 2201 Sixth Avenue, RX-48 Seattle, WA 98121 Fax: (206) 615-2088

Additionally, in accordance with § 1865(b) of The Act, the Idaho Bureau of Facility Standards, will conduct a full unannounced health and life safety code survey of your hospital to assess compliance with all the Medicare Conditions of Participation, within the next 60 days.

The recommendation that St. Joseph Regional Medical Center submit a plan to correct its Medicare deficiencies does not affect its accreditation, its Medicare payments, or its current status as a participating provider of hospital services in the Medicare program. When St. Joseph Regional Medical Center has been found to meet <u>all</u> the Medicare Conditions of Participation for hospitals, the State agency will discontinue its survey jurisdiction.

Under CMS regulations 42 CFR § 498.3(d), this notice of findings is an administrative action, not an initial determination by the Secretary, and therefore formal reconsideration and hearing procedures do not apply.

Page 3 – Mr. Sayler

Copies of this letter are being provided to the State agency and The Joint Commission. You can also pursue any concerns you may have with The Joint Commission at any time.

If you have any questions, please contact either Kate Mitchell or Linda Bedker of my staff at (206) 615-2313.

Sincerely, Lote Mitchell

Jerilyn McClain, RN, MPH

Survey, Certification and Enforcement Branch Manager

Enclosure

cc: Idaho Bureau of Facility Standards

The Joint Commission



January 7, 2012

Sylvia Creswell Supervisor, Non-Long Term Care Bureau of Facility Standards 3232 Elder Street Boise ID 83705

CMS Certification Number: 13-0003

RE: Complaint survey 12/09/2011 and CoP not met

Dear Ms. Creswell,

Enclosed please find a copy of the St. Joseph Regional Medical Center Plan of Correction (PoC) in response to the statement of deficiencies resulting from the on-site survey completed on December 9, 2011.

Should there be any questions regarding the enclosed POC, please do not hesitate to contact me (208-799-5485).

Sincerely,

Kathleen Connerley, RN, MS

Vice President, Patient Care Services

KC/tf

Enclosure

PRINTED: 12/27/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		130003	B. WIN	s		C 12/09/2011	
	PROVIDER OR SUPPLIER	CENTER	•	415 SI)	ADDRESS, CITY, STATE, ZIP CODE KTH STREET STON, ID 83501		
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A 000	INITIAL COMMENTS	· .	A	000	•		
A 115	complaint investigation. The surveyors conduct. The surveyors conduct. Aimee Hastriter RN, E Suzi Costa RN, HFS The following acronyor. CNA - Certified Nursing LIP - Licensed Independent of the complaint of th	endent Practitioner are Unit hey e HTS et and promote each ot met as evidenced by: as, staff and patient of hospital policies, ion, and patient records, it cility failed to ensure its chairs and four side rails as as potential restraints and rance process was in place ces were identified, d, and each grievant response. The cumulative e practices resulted in 1) a	A 1	The ger ma A to pag liste	e corrective actions for the individ in chair usage, side rails raised an inagement of grievances are addrags referenced by the surveyors by 2 of this report. The completioned with each A tag. All will be cor 3/12 to eliminate the "condition of	d essed in the beginning on n dates are npleted by	
BORATORYC	SIRECTOR'S OR FROVIDER/SU	IPPLIER REPRESENTATIVE'S SIGNATURE		1	TITLE	(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: RZRC11

Facility ID: IDM698

If continuation sheet Page 1 of 51

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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A 118	without documentation of, the restraints; and grievances, document and provide written refindings include: 1. Refer to A 118 as it failure to ensure the pridentification had beer implemented. 2. Refer to A 123 as it failure to provide writter grievances. 3. Refer to A 159 as it failure to identify uses rails raised on a hospit restraints. 4. Refer to A 164 as it failure to ensure restrate a comprehensive asse restrictive interventions ineffective. 5. Refer to A 166 as it failure to ensure the us was incorporated into provide the use only as ordered by a phenomenance of the provided in the provi	visician authorization, and nof the need for, and use 2) the failure to identify thorough timely resolution, sponses to each grievant. It relates to the facility's rocess for grievance in thoroughly developed and relates to the facility's on notice of the resolution of a relates to the facility's of Geri-chairs and four side had bed as potential relates to the facility's ints were only utilized after sament and when less a were determined to be relates to the facility's e of physical restraints varients' plans of care. The facility's all restraints were used by sician or other LIP. RIGHTS: GRIEVANCES Dish a process for prompt	A 11	88.					
	resolution of patient grid	evances and must inform	1	į					

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ATIO	· · ·			110		and	19/21/11
	This STANDARD is r Based on review of c hospital policies, and determined the facility process for grievance thoroughly developed impacted 6 of 6 samp	e identification had been d and implemented. This ple patients (#11 - #16)		1 000	The Patient Complaint/Grievance Policy Procedure was revised to provide explice management of complaints/grievance. It were under the direction of the Director Qaulity/Risk Management. In the policy statement a specific definite grievance was explicated as: Grievance: an expression by the patient representative, of concern or dissatisfact the patient care services provided that:	icit steps in Revisions r of ition of a nt, or action with	12/21/11
	the potential to impact who expressed conce to the grievance proce identify issues as griev provide written respon	ncerns were reviewed. It had ct all patients/representatives erns. Lack of clarity related cess resulted in the failure to evances and the failure to inses to those grievances.			1) Cannot be resolved by the star at the department level within one subscalendar day, requiring further investigated further actions; 2) Is presented in writing (includifax); 3) Is a Medicare beneficiary billing.	aff present sequent ation or ding email or	
:	Findings include: 1. The facility failed to	to establish an adequate nce to guide staff in making a en complaints and	Toronto Control Contro	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	complaint related to rights and limitation by 42 CFR 489; 4) Is a verbal or written complain abuse, neglect, patient harm; 5) Includes information from pati satisfaction surveys where the patient ic self and requests a response/resolution	nt regarding tient identifies	
	Grievances" policy, las 8/2008, defined a griev not resolved promptly support staff contacted the matter Grievance verbally or in writing to may include concerns Satisfaction Surveys.)" the time frame intender	nt/Visitor Complaints or ast reviewed by the hospital evance as "a matter that was by department staff with ed to assist in resolution of ces may either be submitted to the Medical Center. (This is noted from Patient of the policy did not define ed by "resolved promptly."		te e e e e e e e e e e e e e e e e e e	In the header of the Patient Complaint/O Policy and Procedure the review date w The revised date was 8/2008. The time associated with prompt resolution was of the policy statement as "Once a grievan received, all attempts will be made to regrievance within 7 days. If not resolved the patient or representative will be contitued the Patient Affairs Assistant informing that staff are continuing to try to resolve grievance and providing them with an estate of resolution."	was 5/2010. If frame defined in nce is esolve the d by day 7, ntacted by the patient e the	
á	address these matters	s [concerns, complaints or	;	:			

the most appropriate staff. However, there may be times when the matter remains unresolved. At

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	that time, the patient or his/her representative will be reminded of their option to file a grievance with the respective Department Director and/or Patient Affairs/Compliance Director, and have such grievance reviewed and responded to within a reasonable time frame." Reminding a				Revised the Patient Complaint/Griev and Procedure by removing stateme representative is reminded of their o grievance" and replacing with the fol language:	nt "Patient ption to file a	12/21/11
	complainant of the op- matter was not resolv definition of a grievan grievance as a matte promptly by staff, who	otion to file a grievance if the led contradicted the policy's lece. The policy defined a rather that was not resolved lether or not the			Prompt Resolution: Within one subs from the time the complaint is receiv department level. This time frame is to be able to mobilize appropriate reprovide the opportunity for investigat resolution.	ed at the established sources and ion and	
:	promptly by staff, whether or not the patient/representative opted "to file a grievance." The policy defined the procedure utilized for complaint resolution. According to the policy, "Every effort will be made at the department level to resolve the patient/family/visitor complaint/concern related to services provided by				Grievance: an expression by the pati- representative, of concern or dissatis the patient care services provided th 1) Cannot be resolved by the at the department level within one su calendar day, requiring further invest further actions;	sfaction with at: staff present bsequent	
	Directors and/or Patie assistance with resolve resolution is not achie referred to the Patient Director for further foll Director may involve I members of the Admir resolution, and at this should be made if the grievance." Determining was to be considered	ff may consult Department and Affairs Director for sing complaints/concernsIf wed, the matter will be Affairs/Compliance ow up. The Patient Affairs Department Directors and/or nistrative Team to seek point a determination matter will be considered a ng if an unresolved matter a grievance contradicted			Clarified grievance definition as: Grie expression by the patient, or represe concern or dissatisfaction with the paservices provided that: 1) Cannot be resolved by the at the department level within one su calendar day, requiring further invest further actions; This change removes the contradictional Patient Complaint/Grievance Policy and Procedure.	ntative, of atient care staff present bsequent igation or on from the	
	the hospital's definition	n of a grievance.		;			
	contact person and ph on behalf of the patien	ce included *name of the one number; steps taken			Edited the grievance process by requ provision of a written response to the which includes name of contact personumber, steps taken to investigate ar issue, the resolution and date of com	complainant on and phone nd resolve the	

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/ 110	•	•	^	110	Clarified eviewages definition and Original		10/04/44
	·	In lieu of a written response,	:		Clarified grievance definition as: <u>Griev</u> expression by the patient, or represer		12/21/11
	- ·	conversation may be held to			concern or dissatisfaction with the pat		
		f agreed upon by both	:		services provided that:		
		the regulation requires a			1) Cannot be resolved by the s		
	•	provided even if other	-	1	at the department level within one sub		
		meetings) were used to			calendar day, requiring further investig	jation or	
	resolve issues.				further actions; This change removes the contradiction	n from the	
				1	Patient Complaint/Grievance Policy ar		
	-	rievance did not clearly guide	Ì	i	Procedure.		
	-	when an issue was to be		-			
		int and when it would be	1		In the policy statement a specific defin	nition of a	
1	considered a grieva	nce and handled as such.		1	grievance was explicated as:		
1				Ì	Grievance: an expression by the patie representative, of concern or dissatisfa		
		pecify that if a patient care			the patient care services provided that		
	•	esolved by the staff present,	:		Cannot be resolved by the st		
		ater resolution, referred to			at the department level within one sub		
	other staff for later r	-	:	ĺ	calendar day, requiring further investig	ation or	
	_	required further action for		- ;	further actions;	diaa amail as	
:		plaint would be considered a	-		 Is presented in writing (included fax); 	ling email or	
í	-	nition of a grievance did not			Is a Medicare beneficiary bill	ina ·	
:		on that written complaints			complaint related to rights and limitation		
		ered grievances. The policy	1	į	by 42 CFR 489;		
,		when a patient or their	!		4) Is a verbal or written complai	nt regarding	
		ested to make a "formal		Ì	abuse, neglect, patient harm; 5) Includes information from pa	tiont	
	•	be considered a grievance.			satisfaction surveys where the patient		
		Idress complaints regarding	2	i	self and requests a response/resolution		
	allegations of abuse	, neglect, or patient harm.	1		·	·	
	A "Complaint Summ	ary Report," from 1/01/11 to	:				
	•	ed. The report contained			Analysis of grievance database report	by the	1/3/11
		cluding the date of the	İ	!	Director of Quality/Risk Management re		
		complaint, and the resolution		1	the report included issues that were no	ot	
	date for 107 patient				complaint/grievances. Two of nineteer		
		complaints, 50 of the			were related to billing and one issue was	as related	
		documented as resolved		- 1	to risk management. Two issues were of resolution dates which have subsequently		
					corrected. The analysis of the database		
		ty days after the date of			was utilized to define the QAPI process		
		dicated the issue was not			the documentation of complaint and gr	ievance	
	resolvea promptly by	department staff at the time			management. The Director of Quality/I	Risk	

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A 118	Continued From page	• 5		118	Management will assess the Deticat	Affaira	
	· -	sed. Between the first	,		Management will monitor the Patient Assistant's data entry accuracy, time		
	•	1/03/11, and the last		!	completion on an ongoing basis and i		
		11/15/11, 19 concerns did			when opportunities for improvement a		
	not have a resolution						
	not have a resolution	dato notod.		:	This statement was made based on e definition of grievances. Response n		
	During an interview of	n 11/30/11 at 10:15 AM, the	į		different based on new definition. On		
		ervices stated that she could		:	Department Directors were informed		
	only recall one patient concern that had risen to				findings and notified that a complete		
	•	e in the several years she			revised policy and their accountability		
	had been employed a			; ;	and resolve complaints at department occur on 1/11/12.	t level would	
	On 12/01/11 at 9:40 A	M, the Patient Affairs		į	This statement was based on existing	g definition	
		wed regarding the facility's	ĺ	į	which has been revised. Education a		
	grievance process. S	he stated she had been		į	was provided 1/3/12 by Director of Qu who supervised the Patient Affairs As		
i	hired into the position	as of 8/01/11. She		!	regarding definition of complaints/grie		
		ent concern had risen to the	Ì	-	policy; reviewed with emphasis on he		
1	•	nce she had assumed the			expediting resolution and data entry in		
		Assistant and no letters of			including patient communications as revised Patient Grievance/Complaint		
		ent to patients or patients'	-		revised Fatient Grievance/Complaint	policy.	
	representatives.			1	This statement made by the Patient A	Affairs	
					Assistant was based on the organizat		ĺ
	During the interview, s			-	definition of a grievance. Her respons be based on the new definition of a gr		
		es often spoke with her (or ent Affairs Assistant) in	İ	i	included in the revised "Patient	levance	ł
:		e typical procedure was for	i		Grievance/Complaint" policy and proc	edure.	ļ
	•	be referred to the Patient	ļ	i			
i	* 1	vestigation and resolution.		į	On 1/4/11 a request was filed to include		1
		casionally issues could	:	- !	dictionary choices of resolution type o response to prompt the Patient Affairs		1
		nursing personnel in the			complete and document the written pr		
	•	out were routinely referred		;	Evidence of policy implementation of	addressing	
	to Patient Affairs.	at the realities, relative	:		complaints at the department level wil		J
	anom, manor		:		monitored via review of the departmen		
	On 12/01/11 at 9:40 Al	M. the Patient Affairs		!	by department directors to record com addressed within their department. The		
	Assistant reviewed doo			:	VP/Patient Care Services is accounta		
		atients #11 - 16, listed on			monitoring compliance.		
		ary Report," from 1/01/11 to		i			
		Affairs Assistant confirmed		:			İ

the documentation for concerns related to

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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	the date the concerns therefore grievances confirmed the docume and resolution information - #14 was dated after registered and docume confirmed the addition difficult to determine vactually resolved. If the resolved days after it whave been considered confirmed that none of Patients #11 - #16 we and no one received at the steps of the invest The facility failed to engrievance identification thoroughly developed 482.13(a)(2)(iii) PATIE GRIEVANCE DECISION.	d #16 indicated the lived one or more days after a were registered and were by policy definition. She entation of investigation ation related to Patients #12 the date the concern was ented as resolved. She had documentation made it when the complaint was ne complaint was actually was registered it should a grievance. She of the concerns reviewed for the treated as grievances, a written response regarding igation and the results. Insure the process for an and resolution had been and implemented.	A 1	118	;	Affairs Grievance/ d to all unication January 11, at education y 11, 2012 aff level etion by assessed currence Council ntries to cumentation sponses, via	
	decision that contains contact person, the stepatient to investigate the grievance process, completion. This STANDARD is not Based on staff intervier information and hospital failed to present the hospital failed to present the staff intervier information and hospital failed to present the staff intervier information and hospital failed to present intervier information and hospital failed to present intervier information and hospital failed to present intervier information and hospital failed to present intervier information and hospital failed to present intervier intervier intervier information in the step patient to investigate the patient to investigate th	nt with written notice of its the name of the hospital eps taken on behalf of the ne grievance, the results of			The Patient Grievance/Complaint Police Procedure has been revised and inclure quirement for a written response of tresolution of a grievance. The response of the date of grievance date of followup date of resolution details of the investigation name of contact and phone number of the date of the date of the date of the date of the investigation the date of the dat	des a the se includes:	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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		130003	B. WING	3	12/09/2011		
NAME OF P	ROVIDER OR SUPPLIER	<u>k</u>		STREET ADDRESS, CITY, STATE, ZIP CO	•		
	,			415 SIXTH STREET			
ST JOSE	PH REGIONAL MEDICAL	CENTER		LEWISTON, ID 83501			
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A 123	Continued From page		A 1	23			
		t/grievance information was		:			
		ne potential to result in a	1				
		plainants as to the steps		;			
		nevances, the resolution of		0.00 m			
	- ·	ho the complainant could	i	1			
		rmation or communication.		i			
	Findings include:		1				
	! : The beenitel's "Detion	tA/isites Complaints or		In the header of the Patient 0	Grievance/Complaint	12/21/11	
	-	t/Visitor Complaints or st reviewed by the hospital		Policy and Procedure the rev			
	•	vance as "a matter that was		The revised date was 8/2008			
	_	by department staff with	ì	associated with prompt resolute the policy statement as "Onco			
		d to assist in resolution of	1	received, all attempts will be			
		es may either be submitted		grievance within 7 days. If n			
		the Medical Center. (This		the patient or representative			
	may include concerns		ļ	the Patient Affairs Assistant that staff are continuing to to			
	Satisfaction Surveys.)			grievance and providing ther date of resolution."]	
	According to the policy	, the final response to a					
		ame of the contact person	į	Policy revision requires a wri resolution. The written comm			
	and phone number; st	eps taken on behalf of the	İ	date of grievance, date of fol			
	patient to investigate to	he grievance, the results of		resolution and details of the			
		ate of completion. In lieu		contact and phone number.			
	of a written response,			# 0 1			
	•	eld to discuss the matter if		1			
	agreed upon by both p					i	
	regulation requires a w	-	1	20		ŀ	
	provided even if other		,	and the state of t			
	meetings) were used to	o resolve issues.	į				
	A *Complaint Summer	V Poport " from 1/01/11 to	;				
		y Report," from 1/01/11 to f. The report contained	:	i			
	basic information, inclu		Í				
		mplaint, and the resolution	:	i			
	date for 107 patient co	-		f			
	Excluding the billing co			•			
	concerns listed were de		;	4 2			
	between one and sixty						
	, unid dinty	,		-			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER PH REGIONAL MEDICAL	CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 415 SIXTH STREET LEWISTON, ID 83501	·		
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A 123	Continued From page	e 8	; A ·	123			
	occurrence. This wo was not resolved pro the time the complair have been considere hospital policy definit concern registered or concern received on not have a resolution. The Patient Affairs As 12/01/11 at 9:40 AM. her current position o concerns found on the Report," from 1/01/11 with her. She confirm complainants received	uld have indicated the issue mptly by department staff at at was registered and should d a grievance based on the ion. Between the first in 1/03/11, and the last 11/15/11, 19 concerns did date listed. Sisistant was interviewed on She stated she assumed in 8/01/11. Samples of the e "Complaint Sumrnary to 11/30/11, were reviewed ned that none of the		In the policy statement a specific grievance was explicated as: <u>Grievance</u> : an expression by the representative, of concern or distinct the patient care services provide 1) Cannot be resolved by at the department level within or calendar day, requiring further in further actions; 2) Is presented in writing fax); 3) Is a Medicare beneficic complaint related to rights and liby 42 CFR 489; 4) Is a verbal or written cabuse, neglect, patient harm; 5) Includes information fresatisfaction surveys where the performance is a presented as the provided in the provided in the provided in the provided information fresatisfaction surveys where the performance is a provided in the provided in the provided in the provided information fresatisfaction surveys where the patient is a provided in the provided information fresatisfaction surveys where the patient is a provided in the provided in t	e patient, or ssatisfaction with ed that: v the staff present ne subsequent nvestigation or (including email or ary billing imitations provided complaint regarding from patient identifies	12/21/11	
	complaint was not pro- confirmed that in sorm did not clearly indicate was resolved promptly determine if the conce treated as a grievance. 1. On 12/01/11 at 9:4 Assistant reviewed do concern she had been Patient #16. She state spoke with her in pers his concerns of his wiff medical/oncology floor Assistant reviewed her the investigation. She Patient #16's medical Patient #16's course of and physicians. She sinvestigation included	omptly resolved. She e cases the documentation ed whether or not the issue y, which made it difficult to ern should have been e. Examples follow: 0 AM, the Patient Affairs cumentation from a involved in regarding ed Patient #16's husband on, on 8/29/11, regarding fe's recent falls on the r. The Patient Affairs r documentation regarding stated she reviewed		Review of the definition and acc resolution was discussed with m 1/4/12 and scheduled for compron 1/11/12. On 1/4/11 a request was filed to dictionary choices of resolution tresponse to prompt the Patient Acomplete and document the writ This statement was based on exwhich has been revised. Educat was provided by Director of Qua Management on 1/3/12, who sup Patient Affairs Assistant regarding complaints/grievances in policy; emphasis on her role in expedition resolution and data entry improventient communications as outling Patient Grievance/Complaint Porevisions of the policy provides of definition of grievances and the communications as grievance, and emprequirement of a written response.	include in the type of a written Affairs Assistant to ten process. disting definition tion and training lity/Risk pervised the ng definition of reviewed with ng ements including need in revised licy. The clarity in the defined procedure phasizes the	1/11/12	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		130003	B. WIN	G			C 9/2011	
	ROVIDER OR SUPPLIER PH REGIONAL MEDICAL	CENTER	·	415 S	ADDRESS, CITY, STATE, ZIP CODE IXTH STREET ISTON, ID 83501			
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	follow up evaluation. Patient #16's husband and he was satisfied a received. The Patient issue was resolved on the issue was not prodepartment staff at the She confirmed no writto the complainant. The investigation of the to complete and there grievance based on the complainant did not rest the steps taken to investigation, conumber, and the date. 2. Documentation reg Patient #15 was review documentation was concumented the date of and the resolution date location of the occurre office/admitting and the "Apology." The author of the concern "STAFREGARDING IDENTIF author documented the [Department Director] A FAMILY IN ADDITING A second page contains.	shusband, and physician She stated she spoke with d following the investigation with the response he t Affairs Assistant stated the a 8/31/11. She agreed that imptly resolved by a time of the complaint. Iten response was provided The complaint took three days fore met the definition of a tile hospital policy. The tiective a final response with testigate the concern, results tontact person's name and tof completion. The first page of the timposed of several items to to in a response. It was to concurrence was 1/10/11 to was 1/11/11. The tile was the billing the resolution type was an tocurrence as the property of the tile to SON STICATION OF SELF." The tile resolution, "DD AWARE AND APOLOGY ON TO ASSIST WITH tilty of the author could not finited information. The state of the spoke with the state of the supplies of th	A	1// red de acc ree Pri Pri Pri Pri Pri Pri Pri Pri Pri Pri	ducation for Department Directed/12 and scheduled for 1/11/12 quirement for resolution of compartment level. Department Directions and providing a summatient Care Services who review the revision of the policy clarified compt resolution at the department of a written response implainant. Education and training 1/3/12 by director of Quality/R no supervised the Patient Affair garding definition of complaints blicy; reviewed with emphasis or supediting resolution and data encluding patient communications vised Patient Grievance/Complaints of the patient Grievance/Com	emphasis eplaints at irectors are of complaint mary to the VP/ vs the content. I the definition of ent level and the e to the ing was provided isk Management s Assistant /grievances in n her role in try improvements as outlined in	1/11/12	
	the Patient Affairs Assi	stant on 1/31/11 at 12:10		!				

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB N	O. 0938-0391		
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A 123	Continued From page	10	A	123				
	PM (20 days after the date). She document WITH MOM ADN [sic WASN'T MOTHER APROVIDE SSN [Social [Information]." A third page contained documented by the Parameter of the page	documented resolution ed, "STAFF ARGUED THAT SHE REALLY ND WOULD NOT al Security Number] INFO d additional information atient Affairs Assistant on "[Department Director] follow up] WITH STAFF CATION. epartment Director] F/U SHE GOT NEEDED al Security] OFFICE - EXTRA STEP." It is artment Director was ad, the concerns. It was not DM" referred to was the oned on the second page		In regards to Patient #15, duridatabase screen print of the othe complaint page were provided as a surveyors. At the top of page the author was identified. Subsequent to the date of the impacting Patient #15, there he person appointed as Patient A (July, 2011). Deficiencies in obeen addressed through orien of the new Patient Affairs Assigned training was provided on Quality/Risk Management who Patient Affairs Assistant regar complaints/grievances in policemphasis on her role in expedite resolution and data entry impropatient communications as ou Patient Grievance/Complaint perocedure.	case summary and ided to the labeled complaint, a occurrence has been a change in Affairs Assistant documentation have neation and education istant. Education 1/3/12 by director of occurrence of the definition of cy; reviewed with diting overments including utilined in revised			
	appeared the Departm with the complainant a occurred and the Depa the complaint and prov parties involved. Howe date of resolution was date of occurrence, and documentation from the	1 at 9:40 AM. She formation and stated that it ent Director was involved at the time the event forment Director resolved ided resolution to the ever, she confirmed the not the same date as the		The revision of the Patient Col Policy and Procedure provides definition of a grievance time I The defined procedure to man emphasizes the requirement of and provisions of details of inv	s clarity in the line requirement. nage a grievance, of a written response			

confirmed the lack of clarity in the documented information related to the timeline and details of

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	She confirmed this coa a grievance and Patie written response. The facility failed to erreceived a written resistence of investigation grievance process. 3. Documentation registence patient #11 was review documentation was considered the date of and the resolution date location of the occurre medical/oncology floor was an "Apology." The summary of the conceind NOT CARING - NO BAGOWN/LINES, [sic]." The resolution, "MET WIDAUGHTER&SON [sic]." A second page contain overall feeling was that with the routine that the compassionate care. So filthy gown/bed, offered.	resolution of the concern. Implaint was not treated as not #15 did not receive a result for the complainant conse which included the and the result of the result of the result of the result of the response. It was cocurrence was 4/07/11 as was 6/15/11. The rece was the result of the resolution type a author documented a result of the resolution type and the resolution type are author documented a result of the resolution type are author documented a result of the resolution type as author documented a result of the resolution type as author documented a result of the resolution type as author documented a result of the resolution type as author documented a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type as a result of the resolution type are resolved as a result of the result of the resolution type are result of the resolution type are resolved as a result of the resolution type are resolved as a result of the resolved as a result of t	A 12	Subsequent to the date of the impacting Patient #11, there have person appointed as Patient Af (July, 2011). Deficiencies in dobeen addressed through orient of the new Patient Affairs Assis and training was provided on 1. Quality/Risk Management who Patient Affairs Assistant regard complaints/grievances in policy emphasis on her role in expediresolution and data entry impropatient communications as out Patient Grievance/Complaint policy and Procedure provides definition of a grievance time lin The defined procedure to mana emphasizes the requirement of and provisions of details of investigations.	as been a change in ffairs Assistant ocumentation have tation and education stant. Education /3/12 by director of supervised the ding definition of y; reviewed with iting overments including lined in revised olicy. Inplaint/Grievance clarity in the ne requirement. age a grievance, f a written response	

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				LEWISTON, ID 83501			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 123	Continued From page	12	A 12	3			
	Analogized and offere	d for her to meet with again	1				
		the story, etc. she has yet					
;	to contact us	ine story, etc. she has yet	; 1				
:	instructions from OP [and [name] took the					
	with the family or if the more than one time. To concern about care hat a resolution had been. The concern with the Cowas evaluated and progresult, however it did not received a response result. The current Patient Affabove information on 1 reviewed the informatic located some additional explain the investigation daughter and son spok Assistant in person. Stoonversation the information that is the information t	on could not be clear when the author met family was interviewed there was no evidence the dobeen investigated or that presented to the family. OP discharge instructions cesses changed as a ot appear the complainant agarding the resolution. The airs Assistant reviewed the 2/01/11 at 9:40 AM. She on on her computer and all information to further in. She stated the e with the Patient Affairs he stated, following that liation was reviewed with rector who in turn spoker, the documentation	The state of the s	The database contained the auth form provided to the surveyor did the summary sheet did contain the summary sheet did contain the summary sheet did contain the summary sheet did contain the was not provided to the surveyor. Subsequent to the date of the occurrence in a person appointed as Patient Affa (July, 2011). Deficiencies in docuren addressed through orientate of the new Patient Affairs Assistand training was provided on 1/3. Quality/Risk Management who support the patient Affairs Assistant regarding complaints/grievances in policy; emphasis on her role in expediting data entry improvements including communications as outlined in regrievance/Complaint policy.	d not. However, he author, but r. ccurrence been a change in airs Assistant cumentation have ion and education ant. Education /12 by director of upervised the 10 definition of reviewed with 10 g resolution and 10 patient		
1 1	medical/oncology floor, Patient Affairs Assistan			1			

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37 3032	TH REGIONAL MEDICAL	CENTER		L	EWISTON, ID 83501	
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A 122	O	40				
A 123	Continued From page		Α΄	123		
		h Department Director) to				
	look for opportunities	•				
		eline of conversations with	,			
	= *	cess of the investigation				
		ot clearly delineated. She	:	:		
	explained that the pre Assistant was waiting		i			
		1's full stay at the hospital.	!		•	
	She stated the family			1		
	therefore, the account	• •	1			
		id not receive a written	1	- 1		
	_	teps taken to investigate the	1	į		
:	concerns or the results			ļ		
	The facility failed to en	sure the complainant		:		
		onse which included the			Edited the grievance process by requir provision of a written response which in	
	steps of investigation a			;	name of contact person and phone nur	
	grievance process.			Ì	taken to investigate and resolve the iss resolution and date of completion.	
		arding a concern filed by		i	·	
	Patient #13 was review	ved. The first page of the		İ		
		mposed of several items to	,			
	which the author wrote	•		-		
		occurrence was 2/25/11		į		
	and the resolution date	,				
	-	occurrence.) The location	İ	:		
		the radiology department		- ;		
		was an "Apology." The	İ	-		i
		summary of the concern		1		
	"STAFF WERE RUD					
	[sic] HURTING ME,WA					
	#13 wished to file a for	appeared as if Patient	ſ	:		
	#13 Wished to file a fort would be considered a			!		
		tion, "TALK TO [name of		:		
		E REFERRED TO ME,	ī			
	•	AS SATISFIED " It was				

unclear what the author meant by "HE

CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391
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A 123	could not be determine information. A second page of informative of the report who wrote the information was gather computer. The author ROUGH. SHE C/ [conduction of the computer of the com	The identity of the author ed based on the printed rmation contained a . It could not be determined tion, or when the red or entered into the documented, "RUDE AND implained] SHE WAS AS WORSE WHEN THEY ER ARMS AND LEGS AND BED HER NECK. JUST IN THE BED, GAVE ME A	A 123	In regards to Patient #13, during database screen print of the cathe complaint page were provious surveyors. At the top of page the author is identified.	ase summary and ded to the	
	ER [Emergency Room Department Director]'S REFUSE I TOLD THE PICTURE. THAT HUF NEVER IN MY LIFE H FOR HELP LIKE THAT THEY DON'T LIKE TH SHOULDN'T WORK T TRY. I HATE [name of GO THERE. I NEEDE THEY'D GIVE ME SOM MORE SWELLING IN	AVE I HAD TO SCREAM I IN A HOSPITAL. IF EIR JOB THEY HERE. I KNOW YOU If another facility] WON'T D PAIN MED. THEY SAID METHING IN ER. I HAVE MY BRAIN NOW, NOT HURT - LEGS AND RIBS				
	Director] IS AWARE AI [follow up] WITH HIS S FOR SHARING HER C THANKED ME FOR CA CALL YOU.' WHEN AS	ALLING 'SORRY I DIDN'T SKED IF THERE WAS ULD DO FOR HER SHE				

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A 123	RESPECT AND COL USE HER FEED BAC SERVICES."	e 15 VE OUR PT [patient] WITH RTESY AND WE WILL CK TO IMPROVE OUR	. A	123	Subsequent to the date of the occurre	ence
	was registered was no did Patient #13 phone was she referred to the while still in the facility when Patient #13 was details of her treatment narrative did not described understandable mann Patient #13 was suffer occurred during the register occurred during the register occurred during the register occurred during the register occurred during the register occurred during the register occurred during the register occurred during the register occurred during the register occurred during the register occurred to determine the grievance had be staff involved interview contain information register of the information of a writte #13. Because no date second page of the information date was undetermine when Patient esolved. The current Patient Affinformation regarding 12/01/11 at 9:40 AM.	ot documented clearly (i.e. of the hospital after leaving or the Patient Affairs Assistant (i). It was unclear exactly is interviewed regarding the not by radiology staff. The ribe the events in an er, and it was unclear if ring pain from a fall that the paint of the diprior to receiving care at not did not contain sufficient one a thorough investigation been conducted, i.e., were used. The report did not garding the resolution of the en notice sent to Patient is were documented on the ormation provided, and the inclear, it was difficult to not mat #13's concerns were			impacting Patient #13, there has bee person appointed as Patient Affairs A (July, 2011). Deficiencies in docume been addressed through orientation a of the new Patient Affairs Assistant. E and training was provided on 1/3/12 to Quality/Risk Management who super Patient Affairs Assistant regarding de complaints/grievances in policy; revie emphasis on her role in expediting redata entry improvements including pacommunications as outlined in revised Grievance/Complaint policy. The revision of the Patient Complaint Policy and Procedure provides clarity in the definition of a g time line requirement. The defined primanage a grievance, emphasizes the of a written response and provisions of investigation.	n a change in assistant ntation have and education Education or director of evised the affinition of eved with solution and attent d Patient /Grievance rievance rocedure to requirement
	#13. She confirmed it	de the resolution to Patient was difficult to accurately ncern was received by the				

facility and the timeline and details of the

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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	ROVIDER OR SUPPLIER	CENTER	4	REET ADDRESS, CITY, STATE, ZIP CODE 115 SIXTH STREET LEWISTON, ID 83501		
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	written narrative was written notice was present the facility failed to e received a written resisteps of investigation grievance process. 5. Documentation repatient #12 was revied documentation was convented the date and the resolution data additional information 3/14/11 at 12:37 PM to Assistant, making it did actual timeline of the information of the occurrence was floor and the resolution The author document concem "NRS [nursand UNPROFESSIO MEDS." The author deconcem "APOLOGIZED, ASSUMERE APPROPR [as [Department Director] MET." The identity of determined in the print A second page of infornarrative of the report. Assistant entered a na 12:37 PM. "SO [signifi PLEASANT BUT UPS]	olution. She confirmed the difficult to follow and no ovided to Patient #13. Insure the complainant sponse which included the and the result of the and the result of the garding a concern for twed. The first page of the omposed of several items to e in a response. It was occurrence was 3/10/11 to was 3/10/11. However, was documented on by the Patient Affairs envestigation. The location of the surgical/orthopedic in type was an "Apology." and a summary of the esj WERE MEAN TO WIFE NAL, HOLDING PAIN occumented the resolution, URED REVIEW & ACTION appropriate] DD - SOC [Standard of Care] the author could not be ded information. Internation contained a The Patient Affairs trative dated 3/14/11 at cant other] - [name],	A 123	In regards to Patient #12, during database screen print of the cast the complaint page were provide surveyors. At the top of page lat the author is identified. The confusion in date documents of late entry of work notes by the employed Patient Affairs Assistareference to the occurrence date component of education of the P Assistant, which occurred on Jan was emphasized by the Director Management that every entry mudate of occurrence.	e summary and d to the peled complaint, ation is the result previously nt, without . As a atient Affairs uary 3, 2012, it of Quality/Risk	

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	PAIN MED ISSUES, [AWARE AND REVIEW MEDICATED ACCOR WITHOLDING. PT [p. DESK OR ANOTHER MEDS. STAFF AWAR TO ADDRESS HER C COMPASSIONATE A was not clear when the with, if Patient #12 wa Department Director re	AS THERE BUT SO ULD CALL HIM AND TELL WHEN HE WAS GONE. Department Director] WAS WED AT THE TIME AND DING TO ORDERS - NOT atient] WOULD COME TO PT'S ROOM TO ASK FOR RE AND WERE TRYING ONCERNS IN ND CARING MANNER." It e complainant was spoken is interviewed, when the eviewed the record, or if the a response to the concerns			The confusion in date documentation of late entry of work notes by the prevent employed Patient Affairs Assistant, we reference to the occurrence date. As component of education of the Patier Assistant, which occurred on January was emphasized by the Director of Q Management that every entry must redate of occurrence.	viously vithout s a nt Affairs v 3, 2012, it uality/Risk	
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		ording a concern for ed. The first page of the nposed of several items to			The revision of the Patient Complaint Policy and Procedure provides clarity definition of a grievance time line required to manage a grievance to manage and the defined procedure to manage and the defined procedure to manage and the defined procedure to manage and the defined procedure to manage and the defined procedure to manage and the defined procedure to manage and the defined procedure to manage and the defined procedure to manage and the defined procedure to manage and the defined procedure to the defined pro	in the uirement.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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A 123	clearly documented. nursing staff were spote concern was investigated and 2/18/11, so it was resolved. The rewere not noted. The current Patient Affabove information on stated the previous Patient #14 physician to clarify the Patient #14. She stated Assistant also spoke with the issues related to the stated it was unclear winvestigation and resolution and treated as a gresponse was provided.	ing the concern were not alt was not clear when obten to or exactly how the ated or resolved. The ant documented information not clear when the concern sults of the investigation fairs Assistant reviewed the 12/01/11 at 9:40 AM. She atient Affairs Assistant is physician and asked the medical issues concerning and the Patient Affairs with nursing staff to clarify the miscommunication. She what the timeline of the dution of the complaint was intation. She confirmed this rievance and no written it to Patient #14.	A 12	Subsequent to the date of the impacting Patient #14, there is person appointed as Patient A (July, 2011). Deficiencies in the been addressed through orier of the new Patient Affairs Assand training was provided by Quality/Risk Management on supervised the Patient Affairs definition of complaints/grieva reviewed with emphasis on he resolution and data entry impropatient communications as our Patient Grievance/Complaint of The revision of the Patient Composition of a grievance time of The defined procedure to man emphasizes the requirement of and provisions of details of inverse the provisions of details of inverse constructions.	has been a change in Affairs Assistant documentation have to tation and education istant. Education director of 1/3/12 who Assistant regarding noces in policy; or role in expediting rovements including attined in revised policy. Implaint/Grievance is clarity in the line requirement, lage a grievance, of a written response	
A 159	The facility failed to pro regarding the resolutio 482.13(e)(1)(i)(A) PAT RESTRAINT OR SECI	n of the grievance. IENT RIGHTS:	A 159	9		
	Definitions. (i) A restrai	nt is-				
	device, material, or equived reduces the ability of a arms, legs, body, or he	•				
	THIS STANDARD IS NO	t met as evidenced by:				

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A 159	Based on staff and pa observation, and revie			159	Accountable person: VP/Patient Care S Geri chairs were in use as a therapeuti described in a policy titled: Geri-Chairs Therapeutic Use. The intent of use wa respond to unique patient needs	ic devise		

failed to identify uses of Geri-chairs and four side rails raised on a hospital bed as potential restraints. This directly impacted 2 of 5 current patients (#2 and #8) who were observed in Geri-chairs, and 2 of 5 current patients (#1 and #2) who were known to have four side rails raised on their beds. This resulted in a systemic failure which allowed patients throughout the hospital to be restrained at staffs' discretion, without physician authorization, and without documentation of the need for, and use of, the restraints. Findings include:

The hospital had 145 beds and 4 floors. Patient care areas were on floors 3 and 4. The use of Geri-chairs and four side rails up on beds as restraints, was identified on 2 of the 4 adult units (the Medical/Oncology Department and Surgical/Orthopedic Department) and confirmed to be used hospital-wide at staffs' discretion. The policies related to Geri-chairs, and the use of four side rails on hospital beds, were as follows:

1. The "RESTRAINTS" policy, revised 3/01/11, was reviewed. The policy defined a physical restraint as "Any manual method or physical or mechanical device that immobilized or reduces the ability to move his/her body, head, or limbs." The policy contained a section, "EXEMPTIONS FROM THE REQUIREMENTS IN THIS POLICY." Geri-chairs and top bed rails were among the devices listed as being exempt from the classification of restraints. The use of the Geri-chair and other devices were identified in the policy as "Protective devices used to

Immediate action was taken to improve documentation to distinguish use of the chair from a restraint and document therapeutic objectives. An electronic communication was issued to nursing personnel by the Director of Nursing Operations on 12/11/11 stating the need to immediately improve documentation of the patient's individual needs for therapeutic use of a geri chair. Documentation enhancement was promoted through the building of specific data screens in the electronic medical record.

The surveyor findings were reviewed with all directors on 12/12/11 with notification that the documentation enhancement was under development and required their implementation as soon as finalized.

On 12/17/11, the Medical/Surgical Director was requested by the VP/ Patient Care Services to seek a modification of the chair configuration so trays could be removed by patients, or to seek an alternate product. On January 5, 2012 all gerichairs were taken from service and replaced with a therapeutic chair.

The policy entitled "Geri-chairs, Therapeutic Use" was revised on 1/5/12 as follows:

- Retitled "Therapeutic Chair Use"
- Defined a therapeutic chair as "a chair with NO front tray barrier and side trays for patient belongings"
- Clarified therapeutic indications for patient socialization, change in patient's environment, etc.

On 1/6/12, the Restraint Policy was revised regarding exemptions to restraints. Geri chairs were removed as protective device exemptions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	support/sustain the o	delivery of care and/or ADL" "Need for these devices will essment of the patient."						
	the hospital on 2/09/ "Use of genatric char meeting care needs eliminate the need for	licy, "RESTRAINTS: rutic Use," last reviewed by 11. According to this policy, irs provides a safe method of for patients which may or restraint." The policy could be used for the						
	use "For calming effect. to other people. Prowhich may help calm different interaction le rather than lying in be - "For re-orientation. situation with familiar - "For socialization. To to talk with other paties secretaries, etc." - "For mental stimulat contact with other peopuzzles, contact with patients more aware - "For a change of ent To allow the patient to	Allows patient to be closer vides a different environment the patient. Provides a evel, can talk while sitting ed." To place patient in a social surroundings."		to the manufacture of the section of				
	In addition, the policy accompanying use of identify the patient's n							

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5 S S S S S S S S S S S S S S S S S S S	conjunction with at lead seven a nursing diagn Activity Deficit, Anxiety Processes, Ineffective Isolation, and Altered of care was to address diagnosis(es). The po Geri-chairs needed to get out of to ensure the policy did not state that order for restraints wo	ast one of the following nosis: Fear, Diversional ty, Impaired Thought e Individual Coping, Social Thought Processes. A plan is the identified blicy did not state that be easy for the patient to ney were not restraints. The at a physician's or LIP's build be required if a patient a remove the tray and exit			The policy entitled "Geri-chairs, Thera was revised on 1/5/12 as follows: Retitled "Therapeutic Chair Use Defined a therapeutic chair as "a NO front tray barrier and side trapatient belongings" Clarified therapeutic indications socialization, change in patient's environment, etc. The replacement of the Geri-chairs with the the therapeutic chairs eliminated the potential devise functioning as a restraint. This completed on 1/5/12 under the direction Patient Care Services.	a chair with ays for for patient s th the ntial of the	
p a o m re to th th	appropriately used to roun of patients. The policy monitoring protocols, sepositioning, attending to be put into place on the Gen-chair and could policy did not outling to the policy did not outling the policy did not outline did not outline did not outline did not outline did not outline d	if the Geri-chair could be meet the therapeutic needs y did not indicate what such as for toileting, ag to personal needs, were note a patient was seated in ald not get out. In addition, ne the documentation all record to support the use		Constitution to a common assumant signs of the constitution of the	The replacement of the Geri-chairs wit therapeutic chairs eliminated the poter devise functioning as a restraint, thus the need for restraint orders, monitorin restraint use requirements.	ntial of the eliminating	
G	Geri-chairs were used	by staff as follows:					
th w de tre 1° or	ne Medical/Oncology of with a diagnosis of eso ehydration. He was re eatment. His admissi	eceiving daily radiation ion nursing assessment on Patient #2 was alert and ted he ambulated					

Assessment documented Patient #2 was confused and did not want to stay in bed. A

CENTER	<u>RS FOR MEDICARE & </u>	MEDICAID SERVICES				OMB N	<u>O. 0938-0391</u>
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7, 103	· -		^	139			
		ote, dated 11/30/11 at 8:00 t #2 was still very weak and					
	0 10/01/11 110 15				1		
	On 12/01/11 at 10:45	,					
	_	Geri-chair in the doorway to	:				
		ation of a conversation with	:				
		sted a hacksaw. When he he needed a hacksaw, he	į				
		saw to get out of this chair;					
		able to take off this table."	ļ				
	(He indicated the tray				1		
	Geri-chair).	Comboded to the					
	A review of Patient #2				The replacement of the Geri-chairs therapeutic chairs eliminated the po	tential of the	
	-	of the Medical/Surgical Units			devise functioning as a restraint, the		
	•	/01/11 at 8:45 AM. She		-	the need for restraint orders, monitor restraint use requirements.	ming and other	
	confirmed the record		1		rootianit ass roquirements.		
		eed of a Geri-chair, there rders, and no modifications	!				
		nclude Geri-chair use. In a	i				j
!		on 12/01/11 at 10:45 AM,					l
	•	nair was used for patient	į				ł
	safety, and not consid	•					
		*	ļ				
		year old female, admitted					1
		gy department on 11/29/11,	i				1
		ck spasms. Patient #8 had		,			1
		n assisted living facility. Her		}			
	of admission indicated	ssment completed the date					
		y forgetful and impulsive. It					
		oor balance and weakness					
	•	eled walker and gait belt as		,			
		assessment further stated					
	she could be up with the						
		physician admission orders					
		ty" that she was to be up					
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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A 159 Continued From page 24 with assistance only.

On 11/30/11 beginning at 3:10 PM, Patient #8 was observed sitting in a Geri-chair with the tray secured. Patient #8's Geri-chair was situated close to the nursing station. Patient #8 was observed for approximately 30 minutes while this surveyor reviewed her medical record with the Department Director of the Medical/Surgical Units. During that time Patient #8 called out to staff members, "Please help me, please help me get out," and reached out with her hands to try and grab staff when they walked close to her. During the observation time, there were three hospital staff members at the desk area, and two in the hallway area. No one was observed to address Patient #8 or her concerns.

A review of Patient #8's record with the Department Director of the Medical/Surgical Units was completed on 12/01/11 at 8:30 AM. She confirmed the record did not document an assessment for the need of a Geri-chair, there were no physician's orders, and no modifications to her plan of care to include Geri-chair restraint use.

c. A CNA in the Medical/Oncology department was interviewed on 12/01/11 at 2:40 PM. She stated Geri-chairs were used frequently for patients who were at risk for a fall or who were confused.

A Medical/Oncology department RN was interviewed on 12/01/11 at 2:45 PM. She stated more than 50% of patients in the department were at risk for falls. She stated Geri-chairs were used to prevent falls. The RN was asked if she

A 159

The replacement of the Geri-chairs with the therapeutic chairs eliminated the potential of the devise functioning as a restraint, thus eliminating the need for restraint orders, monitoring and other restraint use requirements.

This patient had dementia and was at risk for falls. The staff use of a Geri-chair to maintain safety and enhance socialization was viewed as a restraint by the CMS surveyors. The replacement of the Geri-chair with a therapeutic chair on 1/5/12 eliminates the potential of unintended restraint. A therapeutic chair will now be utilized as warranted by patient assessment.

To monitor compliance to the elimination of geri chairs and the proper use of therapeutic chairs, the nursing supervisors began collecting data on 1/6/12. Data collection indicators include the following:

- Patient name
- Room number
- Reason for use of therapeutic chair documented in EMR
- Concurrence of appropriateness based on patient condition

Data collection forms will be submitted to the VP/Patient Care Services to evaluate compliance to expected usage of therapeutic chairs. Interventions for improvement will be implemented as identified.

On 1/5/12, written communication was provided to nursing personnel from the Director of Medical/Surgical Services, reminding nursing staff of the geri chairs being removed from service and replaced with therapeutic chairs. Additional therapeutic chairs were ordered to meet the needs of this organization's senior population.

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STATEMENT OF DEFICIENCIS AND PLAN OF CORRECTION CONTINUED CONTINUED	CENTER	RS FOR MEDICARE &	MEDICAID SERVICES	OMB NO. 0938-03					
NAME OF PROVIDER OR SUPPLIER ST JOSEPH REGIONAL MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 415 SIXTH STREET LEWISTON, ID 33501				Γ΄					
A 159 Continued From page 25 would consider the Geri-chair a restraint and she stated, "I probably would, but not really, it is for patient safety." A Surgical/Orthopedic RN was interviewed on 12/02/11 at 8:30 AM. She stated staff used Geri-chairs with the tray "a lot" for confused patients may be placed in Geri-chairs may be placed in them to help maintain appropriate positioning. On 12/02/11 at 9:45 AM, the Department Director of the Medical/Surgical Units confirmed that confused patients were often placed in Geri-chairs. However, she explained the patients were always visible to staff. The VP of Patient Care Services, present during the interview on 12/02/11 at 9:45 AM, stated for confused patients was the reason patients in Geri-chairs were always visible to staff. The VP of Patient Care Services, present during the interview on 12/02/11 at 9:45 AM, stated for confused patients the tray was set up with lissues, water, and perhaps something to occupy the patient's attention. She stated tuilizing the Geri-chairs were always visible to staff. The VP of Patient Care Services, present during the interview on 12/02/11 at 9:45 AM, stated for confused patients the tray was set up with lissues, water, and perhaps something to occupy the patient's attention. She stated tuilizing the Geri-chairs encouraged socialization and stimulation for patients. Both individuals stated that the facility did not consider the use of Geri-chairs to be a						С			
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restraint based on the manner in which they are used. On 12/07/11 at 2:35 PM, the VP of Patient Care Services was interviewed. She explained that		would consider the Go stated, "I probably wo patient safety." A Surgical/Orthopedic 12/02/11 at 8:30 AM. Geri-chairs with the trapatients so that they do and get hurt. She state regular wheelchairs ar Geri-chair. She also surgeries patients may maintain appropriate properties of the Medical/Surgical confused patients were geri-chairs. However, were always placed in nursing staff. She state easily get out of a Geri-required the assistance was the reason patient always visible to staff. Services, present durin 12/02/11 at 9:45 AM, sithe tray was set up with perhaps something to attention. She stated uperhaps something to attention. She stated uperhaps something to dattention. ttention to state of the	eri-chair a restraint and she uld, but not really, it is for RN was interviewed on She stated staff used ay "a lot" for confused o not get up on their own red some patients fall out of a therefore are placed in a stated that after spinal to be placed in them to help positioning. M, the Department Director I Units confirmed that a often placed in she explained the patients the direct line of sight of the direct line of the d	A 159	Guidelines: High Risk". Geri-chairs at considered an intervention for fall preventions are refresher educational process will be 1/11/12 regarding restraints, via onlin testing process. The education will all that therapeutic chairs are not intende prevention. The replacement of the Geri-chairs witherapeutic chairs eliminated the pote devise functioning as a restraint, thus the need for restraint orders, monitoring restraint use requirements. The nurse statement that chairs can be maintain appropriate position is addreced Restraint policy. Interpretive guideline 482.13(e)(1)(:)(c) Mechanical support achieve proper body position is not constraint. Geri-chairs were replaced on 1/5/12 were refresher as were replaced on 1/5/12 were refresher.	re not vention. A provided on le education so reinforce ed for fall th the initial of the eliminating ing and other be used to ssed in the le used to insidered a			

since the change to the electronic medical record

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NAME OF P	ROVIDER OR SUPPLIER	_		STREET ADDRESS, CITY, STATE, ZI	IP CODE	
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31 JUSE	TH REGIONAL MEDICAL	CENTER		LEWISTON, ID 83501		
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A 159	A 159 Continued From page 26 staff were not prompted to document, and stated that she did not believe staff had been instructed to document an assessment and reason for the therapeutic use of the Geri-chair. She confirmed that staff often did not differentiate in their documentation when a patient was in a Geri-chair or other type of chair. She stated it was routine for staff to complete rounding on each patient on an hourly basis to assess for pain, positioning, personal, and toileting needs. She stated this was routinely documented in the medical record.		A 1	Immediate action taken v documentation to disting document therapeutic ob enhancement was made data content in EMR. Th reviewed with all director documentation enhancer development and require soon as finalized. The replacement of the C therapeutic chairs elimina devise functioning as a re completed on 1/5/12 und Patient Care Services.	uish use of the chair and spectives. This document through building specific the surveyor findings were swith notification that ment was under and their implementation as Geri-chairs with the lated the potential of the estraint. This was	
	2. The "RESTRAINTS was reviewed. The porestraint as "Any manumechanical device that the ability to move his/ The policy did not addirails as either a restraint the requirements of the prevent a patient from bed, they are, by definite Four side rails were us a. Patient #2 was a 71 the third floor on 11/28 esophageal cancer and was a 71 year old male Medical/Oncology departing as a receiving daily admission nursing assets.	year old male, admitted to /11 with a diagnosis of d dehydration. Patient #2 d, admitted to the artment on 11/28/11, with a al cancer and dehydration. radiation treatment. His		The organization's policy "Restraints/Seclusion", winclude as an exemption, provide a mechanism for enclose the bed and allow without climbing over the bed." In addition, the use used on beds equipped without of bed. This aptitle CMS Interpretive Guid states, "When a patient is moves to improve circular breakdown, raised side raintervention to prevent the of bed and are not viewed the same section of Interpretion in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the same section in the sa	ras revised on 1-6-12 to "the use of bed rails that patient safety, do not with the patient to exit rail or the bottom of the exit of four bed rails when with pressure reduction air atient from potentially proach is consistent with delines for A-0161 that is on a bed that constantly tion or prevent skin ails are a safety expatient from falling out disas a restraint." Within pretive Guidelines, the xample, if the side rails at one segment are raised ely exit the bed, the side raint and the would not apply." The zation are specially exit from either side of	
	11/29/11 Psychosocial	lated independently. An Assessment documented d and did not want to stay		the bed even when 4 side rails do not enclose the be the foot board include a h patient in exiting out of the	ed. The second rail and and grip to assist the	

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NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
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	The Charge Nurse in department was intered PM. She explained the increasingly confused hospital and fall preversimplemented around recharge Nurse stated included posting a signoom, keeping the roo of the bed alarm, wear and placing all four sidness in bed. Patient #2's medical reprecautions" documer Patient #2 was on "Faside rails raised on his -11/29/11 at 12:00 AMARN documented the 4:30 PM and the "FALI instituted. In addition, Patient #2 had an unw 4:30 PM. The record eslipped when he was glound on the floor towar-11/30/11 at 1:00 AM, as 11/30/11 at 1:00 AM, as	rogress note, dated indicated Patient #2 was still ady on his feet. the Medical/Oncology viewed on 11/30/11 at 3:00 hat Patient #2 became during his first night in the ntion measures were midnight on 11/28/11. The measures for fall prevention in outside of Patient #2's im free of clutter, activation ring rubber-soled socks, the rails up when Patient #2 ecord contained "Safety station which indicated the Following times: 1, 8:00 AM, and 5:00 PM, at Patient #2 had a fall at L PROTICAL [sic]" was nursing notes documented itnessed fall on 11/29/11 at entry stated Patient #2 had etting out of bed, and was ards the foot of the bed. 3:00 AM, and 4:00 PM.	A	159	actuality, when the side rails are raised of 22.5 inches remains open for exit. controls are designed to be released by patient, therefore in concurrence with a linterpretive Guideline A-0161, "If a patient grain and a patient." Also, "A restrainclude methods that protect the patient falling out of bed. Examples include rails when a patient is:	Also, the rail by the the tient can uld not be aint does not not from aising the on certain the patient side rails at a patient side rails at a patient side rails at a patient side rails at a patient side rails at a patient side rails at a patient side rails at a patient side rails at a patient side side side side side side side side		
	11:44 PM. At 4:00 PM Patient #2 was "SOME IMPULSIVE." In an interview on 11/3	8:00 AM, 4:00 PM, and the RN documented that TIMES CONFUSED AND 0/11 at 3:30 PM, the RN in department who cared for		(A) (2) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	the policy on 1-6-12 by the VP of Patie Services to aide nursing staff in assess introduction of appropriate intervention	sment and		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	been called to the roc stated all four side ra #2's bed, and she did to the foot of the bed. In an interview with P 3:50 PM, he stated he and had been trying to fell. Patient #2 stated requested assistance of bed. A CNA in the Medical interviewed on 12/01/patients determined to have four side rails up A Medical/Oncology dinterviewed on 12/01/more than 50% of pati Medical/Oncology dep falls. She stated four prevent falls. The RN consider bed rails a reprobably would, but no safety." b. Patient #1 was a 60 to the fourth floor of the repair of an incarcerate According to the websi updated 8/19/10, a verintestine that protrudes opening in the abdomin	of his fall, stated she had om after the fall. The RN ils had been up on Patient I not know how he scooted atient #2 on 12/01/11 at a had to go to the bathroom, o get out of bed when he I he was not sure if he had before attempting to get out //Oncology department was 11 at 2:40 PM. She stated to be at risk for falls would ob. It is a proper to the bathroom, on get out was a stated to be at risk for falls would obtain the partment were at risk for side rails were used to was asked if she would straint and she stated, "I obtain the partment was a stated, and the partment was a stated in the partment was a sked if she would straint and she stated, "I obtain the partment was a stated, and the partment was a stated, and the partment was a stated, and the partment was a stated, and the partment was a stated, and the partment was a stated was a sked if she would straint and she stated, and the partment was a stated was a sked if she would straint and she stated, and the partment was a stated was a sked if she would straint and she stated, and the partment was a sked if she would straint and she stated, and the partment was a sked if she would straint and she stated, and the partment was a sked if she would straint and she stated, and the partment was a sked if she would straint and she stated, and the partment was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would straint and she stated was a sked if she would she was a sked if she would she was a sked if she would she was a sked if she would she was a sked if she would she was a sked if she would she was a sked if she would she was a sked if she would she was a sked if she would s	A	159	The organization's policy entitled, "Figh Risk" includes as an intervention bed side rails where four rails do not length bed enclosure and still allows freely exit the bed. This clarification the policy on 1-6-12 by the VP of Pa Services to aide nursing staff in assintroduction of appropriate intervention.	on, use of four t create a full s the patient to was added to atient Care essment and	

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	reduced, and the interest Patient #1's medical redocumentation related On 11/27/11 at 4:03 P 12:00 AM, 12:46 PM, documented Patient # and hourly rounding, a raised on her bed for sedocumentation indicated fall precautions but ha On 11/30/11 at 1:33 P indicated that Patient # had ambulated indeper RN documented that Patient #1 fall risk. An RN documented, on Patient #1 fell out of beher head, which was teindicated Patient #1 cound sustained a scratce then documented, "RO FOUR BED RAILS UP SET." The "POST FALL PRO was reviewed. The prodirection to staff to raise after a patient fall. The "FALL GUIDELINE revised by the hospital The policy contained a protocol" According to assessments would be after the fall and in the fa	apply to the intestine is stinal tissue starts to die. Second contained I to "Safety Precautions." M, and on 11/28/11 at and 5:11 PM, nursing staff 1 was on fall precautions and had four side rails safety. Subsequent sed Patient #1 remained on donly two bed rails raised. M, nursing documentation #1 had a steady gait and indently multiple times. The Patient #1 was no longer a patient #1 was no longer a sed and hit the right side of sender to the touch. The RN implained of left knee pain the on the knee. The RN OM LIGHTS ON, ALL POST FALL PROTOCOL TOCOL," dated 7/2006, stocol did not include a four side rails for safety IS, High Risk" policy, last 3/16/11, was reviewed. Section related to "Post fall"	A 15	The variation in the use of four two bed rails was directly related assessment and the current nearegarding their falls risk. The organization's policy entitled Protocol" was designed to direct assessment and to identify poter fall and not necessarily to direct selecting interventions. The poli High Risk" is the policy that providirection regarding potential interestion regarding potential interestion regarding potential interestion as the pattern of "Consider rails where four rails do not creat enclosure and still allows the patten bed." On 1-6-12, a written coincluding the updates of policy chasociated with fall prevention are authored by the VP of Patient Cardistributed to nursing personnel. The organization's policy entitled	d, "Post Fall patient the nurse in icy "Fall Guideline- rides staff with rventions. On 1- as revised to ruse of four bed the a full length bed tient to freely exitom munication hanges are Services and	

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	plan was to be upda did not include direct four side rails on the In an interview with the Medical/Surgical PM, she stated a cort to have the bed's four orders to raise four sand the use of four rasafety." An RN working in the department was intereduced a patient who was had a fall. She stated all form a patient who was had a fall. She stated climb over or through could be considered either raise all four rails out of bed. On 12/02/11 at 9:45 A Services and the Department Considered a restraint thoroughly researcheduced before deciding to put on 12/07/11 at 2:35 F Services explained whare raised, there is an	ess of interventions. The care ted as needed. The policy tion for the staff to raise all bed. the Department Director of Units, on 11/30/11 at 4:10 mponent of fall prevention is ir side rails up. She stated ide rails were not obtained, aised rails was for "patient as Surgical/Orthopedic reiewed on 12/02/11 at 8:30 our side rails would be raised to confused or after a patient dishe had patients attempt to a the rails. She stated it a restraint but that it was ills or risk the patient falling AM, the VP of Patient Care to artment Director of the swere interviewed jointly, are Services stated that the by the hospital was designed to be up without being to the sapect of the bed	A	High Risk" includes as an intervibed side rails where four rails delength bed enclosure and still al freely exit the bed. This clarification the policy on 1-6-12 by the VP of Services to aide nursing staff in introduction of appropriate intervibed. CMS Interpretive Guideline A-Orrestraint does not include methodation to be a patient from falling out of bed. Eraising the side rails when a pat stretcher, recovering from anest experiencing involuntary movem types of therapeutic beds to prefrom falling out of bed. The use these situations protects the patient of bed and therefore, would the requirements of standard (e). Utilizing the Mosby online educations are evidence of complementation will be initial and completed in 30 days. Writh will serve as evidence of complementations are addressed in real.	o not create a full llows the patient to ation was added to of Patient Care assessment and vention. 161 states, "A cods that protect the examples include tient is: on a thesia, sedated, ment or on certain event the patient e of side rails in tient from falling not be subject to)." ation and testing licy and practices ted on 1-11-12 tien documentation eition which will be straint usage is ursing supervisors cted practices.

did not view the use of four side rails as a

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A 159	Continued From page restraint they were us for a variety of patient	ed at the staff's discretion	Α.	159	The replacement of the Geri-chairs wit therapeutic chairs eliminated the poter devise functioning as a restraint. This completed on 1/5/12 under the directic Patient Care Services.	ntial of the was	
	Patient Care Services staff exiting the bed.	at 5:18 PM, the VP of provided photographs of The exit space was noted to the bed, not between the top eviously discussed.			The bed used throughout the facility is with rails that do not create a full length enclosure and still allows the patient to the bed even with four rails up. Based Interpretive Guidelines cited above, the rails would not be considered a restrain	h bed ofreely exit on CMS e use of	
A 164	side rails on a hospita 482.13(e)(2) PATIENT OR SECLUSION Restraint or seclusion less restrictive interve	ective to protect the patient,	A 1	164	CMS Interpretive Guideline A-0161 starestraint does not include methods tha patient from falling out of bed. Example raising the side rails when a patient is: stretcher, recovering from anesthesia, experiencing involuntary movement or types of therapeutic beds to prevent th from falling out of bed. The use of side these situations protects the patient frout of bed and therefore, would not be the requirements of standard (e)."	t protect the es include on a sedated, on certain e patient e rails in om falling	
	Based on staff and particles observation, and revie hospital policies, it was failed to ensure restrain a comprehensive asser restrictive interventions ineffective. This direct patients (#2 and #8) w Geri-chairs and 2 of 5 #2) who were known to on their beds. This restrained without an at the use of the restraint using the restraint. Find	w of medical records and sidetermined the facility ents were only utilized after assment and when less as were determined to be ally impacted 2 of 5 current the were observed in current patients (#1 and o have four side rails raised sulted in patients being assessment to determine if outweighed the risk of not			Accountable person: VP/Patient Care is Geri chairs were in use as a therapeuti described in a policy titled: Geri-Chairs Therapeutic Use. The intent of use was respond to unique patient needs. Immediate action was taken to improve documentation to distinguish use of the a restraint and document therapeutic or Documentation enhancement was pror through the building of specific data scielectronic medical record. On 12/17/11, the Medical/Surgical Dire requested by the VP/ Patient Care Senseek a modification of the chair configurarys could be removed by patients, or alternate product. On January 5, 2012 chairs were taken from service and rep	ic devise is to e chair from bjectives. moted reens in the ctor was vices to uration so to seek an all geri-	
	the Medical/Oncology	department on 11/28/11,			a therapeutic chair.		

with a diagnosis of esophageal cancer and

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391		
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				i.	LEWISTON, ID 83501		
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	treatment. His admis 11/28/11, documented oriented. It also indicindependently. An 11 Assessment documer confused and did not physician progress not AM, indicated Patient unsteady on his feet. restrained without a cotto determine if less resuffice. Examples income a. During an observation AM, Patient #2 was not Geri-chair in the doorwinitiation of a conversa requested a hacksaw. Why he needed a hack hacksaw to get out of not able to take off this tray connected to the Geri-chair in the rationals as opposed to the less On 12/02/11 at 9:45 Al of the Medical/Surgical confused patients were Geri-chairs. However, were always placed in nursing staff. She state easily get out of a Geri-chairs. She state easily get out of a Geri-chairs.	receiving daily radiation sion nursing assessment on d Patient #2 was alert and ated he ambulated //29/11 Psychosocial ated Patient #2 was want to stay in bed. A ste, dated 11/30/11 at 8:00 #2 was still very weak and Patient #2 was physically emprehensive assessment strictive interventions would lude: on on 12/01/11 at 10:45 oted to be sitting in a way to his room. Upon atton with Patient #2, he When he was questioned asaw, he stated "I need a sthis chair; two nurses were atable." (He indicated the Geri-chair). Accord was reviewed. It diduction of an assessment of of the Geri-chair to be for use of the Geri-chair restrictive interventions. M, the Department Director Units confirmed that the often placed in she explained the patients the direct line of sight of ed that patients could not	A	164	The policy entitled "Geri-chairs, Thera was revised on 1/5/12 as follows: Retitled "Therapeutic Chair Use. Defined a therapeutic chair as 'NO front tray barrier and side to patient belongings" Clarified therapeutic indications socialization, change in patient environment, etc. On 1/6/12, the Restraint Policy was reregarding exemptions to restraints. Government environment of the Geri chairs witherapeutic chairs eliminated the pote devise functioning as a restraint, thus the need for restraint orders, monitoria restraint use requirements. Immediate action was taken to improve documentation to distinguish use of the a restraint and document therapeutic An electronic communication was issunursing personnel by the Director of NOperations on 12/11/11 stating the neimmediately improve documentation opatient's individual needs for therapeutingeri chair. Documentation enhancement promoted through the building of special special special special recommendation in the electronic medical recommendation of the electronic medical recommendation in the electronic medical recommendation in the electronic medical recommendation of the electronic medical recommendation in the electronic medical electronic medical electro	'a chair with ays for some for patient is evised the chairs remptions. The eliminating and other see chair from objectives used to ursing ed to if the elim was iffic data	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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	always visible to staff On 12/07/11 at 2:35 F Services was interviewed in the change to the staff were not prompted staff had been instruct assessment and reass. Geri-chair. She confind differentiate in their dopatient was in a Geri-chair was in a Geri-chair was in a Geri-chair was in a Geri-chair was in a Geri-chair was in a Geri-chair was in a Geri-chair was in a Geri-chair was in a Geri-chair was of the support the use of the composition of a control of the support was on "Faside rails raised on his and the "FAL instituted. The nursing was unwitnessed. The Patient #2 had slipped bed and was found on of the bed11/30/11 at 1:00 AM, -12/01/11 at 12:30 AM, 11:44 PM. At 4:00 PM	PM, the VP of Patient Care wed. She explained that he electronic medical recorded, and she did not believe ted, to document an on for the use of the med that staff often did not becumentation when a chair or other type of chair. Becord did not contain amprehensive assessment he Geri-chair restraint. I record contained "Safety station which indicated if Precautions" with four bed at the following times: Becord at the following times: Becord at the following times: Becord entry stated when he was getting out of the floor towards the foot Becord AM, and 4:00 PM. Becord AM, and 4:00 PM. Becord AM, and 4:00 PM.	A	164	The policy entitled "Geri-chairs, Thera was revised on 1/5/12 as follows: Retitled "Therapeutic Chair Use Defined a therapeutic chair as " NO front tray barrier and side trapatient belongings" Clarified therapeutic indications socialization, change in patient's environment, etc. On 1/6/12, the Restraint Policy was re regarding exemptions to restraints. Givere removed as protective device existence functioning as a restraint, thus the need for restraint orders, monitoring restraint use requirements. Immediate action was taken to improve documentation to distinguish use of the a restraint and document therapeutic chair electronic communication was issuinursing personnel by the Director of NO Operations on 12/11/11 stating the need immediately improve documentation on patient's individual needs for therapeutigerichair. Documentation enhancement promoted through the building of speciscreens in the electronic medical recommendation of the electronic medical recommendation in the electronic medical recommend	a chair with ays for for patient s vised eri chairs emptions. the the eliminating and other e chair from objectives. Led to ursing ed to to to to to to to to to to to to to	
	11:44 PM. At 4:00 PM			:			

The Charge Nurse in the Medical/Oncology department was interviewed on 11/30/11 at 3:00

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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A 164	increasingly confuse hospital and fall previmplemented around Charge Nurse stated included posting a si room, keeping the roof the bed alarm, we and placing all four swas in bed. Patient #2 was interved. Patient #2 was interved. PM. He stated he had been trying to ge Patient #2 stated he requested assistance of bed. The RN in the Medic cared for Patient #2 interview on 11/30/1 had been called to the RN stated all four sid Patient #2's bed and scooted to the foot of Patient #2's record we contain a comprehend determine if the use of bed outweighed the rails up. The VP of Patient Ca on 12/07/11 at 2:35 Ped used by the hospidesigned to not be cofour rails were in use.	that Patient #2 became d during his first night in the vention measures were I midnight on 11/28/11. The I measures for fall prevention ign outside of Patient #2's iom free of clutter, activation aring rubber-soled socks, ide rails up when Patient #2 viewed on 12/01/11 at 3:50 ad to go to the bathroom and et out of bed when he fell. was not sure if he had before attempting to get out al/Oncology department who at the time of the fall was I at 3:30 PM. She stated she e room after the fall. The e rails had been up on she did not know how he if the bed. as reviewed. It did not sive assessment to of four side rails up on his isk of not having all four side are Services was interviewed and the side explained that the	A1	CMS Interpretive Guideline restraint does not include mpatient from falling out of be raising the side rails when a stretcher, recovering from a experiencing involuntary motypes of therapeutic beds to from falling out of bed. The these situations protects the out of bed and therefore, we the requirements of standard the requirements	nethods that protect the ed. Examples include a patient is: on a anesthesia, sedated, overment or on certain o prevent the patient e use of side rails in e patient from falling ould not be subject to		

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	use of four side rails a staff's discretion. A Geri-chair with a tray all four side rails raised without comprehensive determine the appropriate the Medical/Oncolog with a diagnosis of bace admitted from an Adult Admission Asses of admission indicated dementia and was very also stated she had po and listed a front whee assistive devices. The she could be up with the person. Her 11/29/11 pindicated under "Activit with assistance only. During an observation of 3:10 PM, Patient #8 was Geri-chair with the tray	atient safety. She ras no particular d prior to implementing the nd they were used at the y attached and a bed with d were used for Patient #2 e assessments to iateness of their use. y year old female, admitted gy department on 11/29/11, ex spasms. Patient #8 had assisted living facility. Her esment completed the date Patient #8 had mild of forgetful and impulsive. It for balance and weakness led walker and gait belt as assessment further stated the assistance of one chysician admission orders y" that she was to be up	A	Accountable person: VP/Patient C Geri chairs were in use as a thera described in a policy titled: Geri-C Therapeutic Use. The intent of us respond to unique patient needs. Immediate action was taken to im documentation to distinguish use a restraint and document therapet. An electronic communication was nursing personnel by the Director Operations on 12/11/11 stating the immediately improve documentation patient's individual needs for thera geri chair. Documentation enhance promoted through the building of s screens in the electronic medical r The surveyor findings were review directors on 12/12/11 with notificat documentation enhancement was development and required their im soon as finalized. On 12/17/11, the Medical/Surgical requested by the VP/ Patient Care seek a modification of the chair co trays could be removed by patients alternate product. On January 5, 2 chairs were taken from service and a therapeutic chair. The policy entitled "Geri-chairs, Th was revised on 1/5/12 as follows: Retitled "Therapeutic Chair I befined a therapeutic chair as the service and a therapeutic chair and the service and	preutic devise hairs - se was to prove of the chair from utic objectives. issued to of Nursing e need to on of the apeutic use of a cement was specific data record. The dwith all tion that the under aplementation as Director was a Services to offiguration so so, or to seek an 2012 all gerid replaced with the erapeutic Use" Use" as "a chair with
1	Director of the Medical/	observed for es while this surveyor ds with the Department Surgical Units. During ed out to staff members e help me get out," and		NO front tray barrier and side patient belongings" Clarified therapeutic indicatic socialization, change in patie environment, etc. On 1/6/12, the Restraint Policy was regarding exemptions to restraints. were removed as protective device	ons for patient ent's s revised Geri chairs

reached out with her hands to try to grab staff when they walked close to her. During the

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A 164	Continued From page	36	Α.	164				
	members at the desk	e were three hospital staff area, and two in the hallway served to address Patient	:	:				
	not contain document Patient #8 prior to use determine the rational	ecord was reviewed. It did ation of an assessment of of the Geri-chair to e for use of the Geri-chair s restrictive alternatives.						
	•	f the Medical/Surgical Units 01/11 at 8:30 AM. She lid not document an						
	of the Medical/Surgica confused patients were Geri-chairs. However, were always placed in nursing staff. She stat easily get out of a Geri	e often placed in she explained the patients the direct line of sight of ed that patients could not chair themselves but e of staff. She stated this	The first contract of the first contract of					
	Services was interview since the change to the staff were not prompted staff had been instructed assessment and reason Geri-chair. She confirm differentiate in their doctors.	n for the use of the ned that staff often did not		doc a re An e nurs Ope imm patie geri	mediate action was taken to impro- cumentation to distinguish use of a estraint and document therapeutic electronic communication was issessing personnel by the Director of erations on 12/11/11 stating the national materials of the second in the distriction entire individual needs for therape is chair. Documentation enhanced through the building of second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the second in the electronic modified to the electronic m	the chair from c objectives. sued to Nursing need to of the eutic use of a ment was ecific data	1	

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A 164	Continued From page		А	164				
	Patient #8's medical r							
		omprehensive assessment		'				
	to support the use of	the Geri-chair restraint.						
	3. Patient #1 was a 6	0 year old female admitted	:					
		ne hospital on 11/27/11, for	,	'				
	repair of an incarcerat	•	'	- (
	According to the webs							
	•	entral hernia is a piece of						
	•	s through an abnormal	1	:	*			
		inal wall. In a person with						
	, •	a, the intestine has become						
	stuck in the abnormal			,				
		upply to the intestine is	,	,				
	* -	stinal tissue starts to die.		1				
	Patient #1's medical re							
		I to "Safety Precautions."	!					
		M, and on 11/28/11 at	,					
		and 5:11 PM, nursing staff	i					
		1 was on fall precautions						
	and hourly rounding, a	•	1					
	raised on her bed for s		1					
		ed Patient #1 remained on						
		d only two bed rails raised.		į				
		M, nursing documentation		;			1	
		#1 had a steady gait and					J	
		ndently multiple times. The						
	•	Patient #1 was no longer a	:	/			İ	
	fall risk.	3			e variation is the use of four bed		}	
					bed rails was directly related to sessment and the current needs			
	An RN documented, or	n 12/01/11 at 5:49 AM, that			garding their falls risk.	panom		
		ed and hit the right side of			-			
		ender to the touch. The RN						
		emplained of left knee pain						
		h on the knee. The RN						
	then documented, "RO							
		POST FALL PROTOCOL						

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	was reviewed. The pidirection to staff to rai after a patient fall. The "FALL GUIDELIN revised 3/16/11, was a contained a section reprotocol" According assessments would be after the fall and in the patient's fall risk was the appropriatenes plan was to be updated did not include direction four side rails on the beautiful patient #1's record was include an assessment the reason for the fall.	OTOCOL," dated 7/2006, rotocol did not include se four side rails for safety ES, High Risk" policy, reviewed. The policy plated to "Post fall to the policy, numerous e completed immediately e following 48 hours. The to be re-evaluated as well so of interventions. The care do as needed. The policy on for the staff to raise all leed. It of Patient #1 to determine and the risks and benefits rails raised versus less	A .	164	The organization's policy entitled, Protocol" was designed to direct assessment and to identify poten fall and not necessarily to direct the selecting interventions. The policy High Risk" is the policy that providirection regarding potential inten 6-12, The "Post Fall Protocol" was include a statement of "Consider rails where four rails do not create enclosure and still allows the patitive bed." On 1-6-12, a written coincluding the updates of policy chassociated with fall prevention an authored by the VP of Patient Ca distributed to nursing personnel. The organization's policy entitled, High Risk" includes as an interveibed side rails where four rails do length bed enclosure and still allofreely exit the bed. This clarification the policy on 1-6-12 by the VP of Services to aide nursing staff in a introduction of appropriate interverse.	patient tial causes of the he nurse in by "Fall Guideline- des staff with ventions. On 1- s revised to use of four bed e a full length bed ent to freely exit mmunication langes d restraints was re Services and "Fall Guidelines- ntion, use of four not create a full lows the patient to ion was added to Patient Care lessessment and				
	The VP of Patient Care Services was interviewed on 12/07/11 at 2:35 PM. She explained that the bed used by the hospital was specifically designed to not be considered a restraint when all four rails were in use. She stated, as a result of this, four bed rails were used for a variety of reasons, not just for patient safety. She confirmed that there was no particular assessment completed prior to implementing the use of four side rails and they were used at the staff's discretion.		***************************************		CMS Interpretive Guideline A-016 restraint does not include method patient from falling out of bed. Exaraising the side rails when a patie stretcher, recovering from anesthe experiencing involuntary moveme types of therapeutic beds to preve from falling out of bed. The use of these situations protects the patie out of bed and therefore, would not the requirements of standard (e)."	s that protect the amples include nt is: on a esia, sedated, ent or on certain ent the patient of side rails in ent from falling of be subject to				
	Assessments of Patien	t #1 were not completed								

prior to having four side rails raised on her bed for

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CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 12/09/2011	
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ST JOSEPH REGIONAL MEDICAL	CENTER		415 SIXTH STREET		

A 164 Continued From page 39

(X4) ID

PREFIX

fall prevention.

A 166 482.13(e)(4)(i) PATIENT RIGHTS: RESTRAINT
OR SECLUSION

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

The use of restraint or seclusion must be—
(i) in accordance with a written modification to the patient's plan of care.

This STANDARD is not met as evidenced by: Based on staff and patient interviews, observation, and review of medical records and hospital policies, it was determined the facility failed to ensure the use of physical restraints was incorporated into patients' plans of care. This directly impacted 2 of 5 current patients (#2 and #8) who were observed in Geri-chairs and 2 of 5 current patients (#1 and #2) who were known to have four side rails raised on their beds. This resulted in patients being restrained without clear and consistent guidance to staff regarding the use of the restraints. Findings include:

1. Patient #2 was a 71 year old male, admitted to the Medical/Oncology department on 11/28/11, with a diagnosis of esophageal cancer and dehydration. He was receiving daily radiation treatment. His admission nursing assessment on 11/28/11, documented Patient #2 was alert and oriented. It also indicated he ambulated independently. An 11/29/11 Psychosocial Assessment documented Patient #2 was confused and did not want to stay in bed. A physician progress note, dated 11/30/11 at 8:00 AM, indicated Patient #2 was still very weak and unsteady on his feet. Patient #2 was physically restrained without the use of the restraints incorporated into his plan of care. Examples include:

A 164

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TAG

A 166

The organization's policy, "Restraints", requires a plan of care to be updated when restraints are used, however, because the use of a geri chair was not considered a restraint and the use of four raised bed rails that do not enclose the bed and provide an exit does not constitute a restraint, the care plan would not be expected to be updated in the scenarios described. The electronic medical record includes a nursing diagnosis related to restraint use and applicable intervention is utilized when restraints are used.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICADE & MEDICAID SERVICES

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A 166 Continued From page 40 a. During an observation on 12/01/11 at 10.45 AM, Patient #2 was noted to be sitting in a Geri-chair in the doorway to his room. Upon initiation of a conversation with Patient #2, he requested a hacksaw. When he was questioned why he needed a hacksaw, he stated "I need a hacksaw to get out of this chair; two nurses were not able to take off this table." (He indicated the tray connected to the Geri-chair), Patient #2's plan of care was reviewed. The use of the Geri-chair was not included in his plan of care. The Department Director of the Medical and Surgical units reviewed Patient #2's medical record on 12/01/11 at 9:30 AM, and confirmed there was no modification to the POC for the use of a Geri-chair. The facility did not modify Patient #2's POC to include the use of the Geri-chair restraint. D. Patient #2's medical record contained "Safety Precautions" documentation which indicated Patient #2's medical record on 12/01/11 at 12:00 AM, 8:00 AM, and 5:00 PM. An RN documented that Patient #2 had a fall at 4:30 PM and the "FALL PROTICAL [sic]" was instituted. The nursing notes documented the fall was unwithessed. The record entry stated Patient #2 had a slipped when he was getting out of bed and was found on the floor towards the foot	CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB_NC	<u>). 0938-0391</u>	
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ST JOSEPH REGIONAL MEDICAL CENTER (24.1) D SUMMARY STATEMENT OF DEFICIENCES (EACH CONSECTION (STATE) (EACH CONSECTION (MIST SE PRECEDED BY POLIL REGULATORY OR LSC IDENTIFYING INFORMATION) A 166 Continued From page 40 A 166 Continued Fage 40			130003	B. WIN	G			
A 166 Continued From page 40 A 166 Continued From page 40 a. During an observation on 12/01/11 at 10.45 AM, Patient #2 was noted to be sitting in a Geri-chair in the doorway to his room. Upon initiation of a conversation with Patient #2, he requested a hacksaw. When he was questioned why he needed a hacksaw to get out of this chair; two nurses were not able to take off this table. (*I he indicated the tray connected to the Geri-chair). Patient #2's plan of care was reviewed. The use of the Geri-chair was not included in his plan of care. The Department Director of the Medical and Surgical units reviewed Patient #2's medical record on 12/01/11 at 9:30 AM, and confirmed there was no modification to the POC for the use of a Geri-chair. Patient #2's medical record contained "Safety Precautions" documentation which indicated Patient #2's medical record on this bed at the following times: -11/29/11 at 12:00 AM, 8:00 AM, and 5:00 PM. An RN documented that Patient #2 had a fall at 4:30 PM and the "FALL PROTICAL [sic]" was instituted. The nursing notes documented the fall was unwitnessed. The record entry stated Patient #2 had aligned when he was getting out of bed and was found on the floor towards the foot					415 SIXTH STREET		5/2011	
A 166 Continued From page 40 A 166 Continued From page 40 A 166 Continued From page 40 A 166 Continued From page 40 A 166 Continued From page 40 A 166 Continued From page 40 A 166 Continued From page 40 A 166 Continued From page 40 A 166 The policy entitled "Geri-chairs, Therapeutic Use" was revised on 1/5/12 as follows: - Retitled "Therapeutic Chair use" a chair with NO front tray barrier and side trays for patient equested a hacksaw. When he was questioned why he needed a hacksaw, he stated "I need a hacksaw to get out of this chair; two nurses were not able to take off this table." (He indicated the tray connected to the Geri-chair). Patient #2's plan of care was reviewed. The use of the Geri-chair was not included in his plan of care. The Department Director of the Medical and Surgical units reviewed Patient #2's medical record on 12/01/11 at 9:30 AM, and confirmed there was no modification to the POC for the use of a Geri-chair. The facility did not modify Patient #2's POC to include the use of the Geri-chair restraint. b. Patient #2's medical record contained "Safety Precautions" documentation which indicated Patient #2 was on "Fail Precautions" with four side rails raised on his bed at the following times: -11/29/11 at 12:00 AM, 8:00 AM, and 5:00 PM. An RN documented that Patient #2 had a fall at 4:30 PM and the "FALL PROTICAL [sic]" was instituted. The nursing notes documented the fall was unwitnessed. The record entry stated Patient #2 had alipped when he was getting out of bed and was found on the floor towards the foot					LEWISTON, ID 83501			
a. During an observation on 12/01/11 at 10:45 AM, Patient #2 was noted to be sitting in a Geri-chair in the doorway to his room. Upon initiation of a conversation with Patient #2, he requested a hacksaw. When he was questioned why he needed a hacksaw, he stated "I need a hacksaw to get out of this chair; two nurses were not able to take off this table." (He indicated the tray connected to the Geri-chair). Patient #2's plan of care was reviewed. The use of the Geri-chair was not included in his plan of care. The Department Director of the Medical and Surgical units reviewed Patient #2's medical record on 12/01/11 at 19:30 AM, and confirmed there was no modification to the POC for the use of a Geri-chair. The facility did not modify Patient #2's POC to include the use of the Geri-chair restraint. D. Patient #2's medical record contained "Safety Precautions" documentation which indicated Patient #2 was noted to be sitting in a geri chair. Documentation enhancement was promoted through the building of specific data side rails raised on his bed at the following times: -11/29/11 at 12:00 AM, 8:00 AM, and 5:00 PM. An RN documented that Patient #2 had a fall at 4:30 PM and the "FALL PROTICAL [sic]" was instituted. The rapeutic Chair use' chair was revised on 1/2/01/11 at 19:00 AM, 8:00 AM, and 5:00 PM. An RN documented that Patient #2 had a fall at 4:30 PM and the "FALL PROTICAL [sic]" was instituted. The rapeutic chair set in the lectronic medical record.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETION	
or 11.4 Boar		a. During an observa AM, Patient #2 was in Geri-chair in the door irritiation of a convers requested a hacksaw why he needed a hack hacksaw to get out of not able to take off th tray connected to the Patient #2's plan of ca of the Geri-chair was care. The Departmer and Surgical units rev record on 12/01/11 at there was no modifica of a Geri-chair. The facility did not mo include the use of the b. Patient #2's medica Precautions" documer Patient #2 was on "Fa side rails raised on his -11/29/11 at 12:00 AM An RN documented th 4:30 PM and the "FAL irristituted. The nursing was unwitnessed. The Patient #2 had slipped	tion on 12/01/11 at 10:45 toted to be sitting in a way to his room. Upon ation with Patient #2, he . When he was questioned desaw, he stated "I need a it his chair; two nurses were is table." (He indicated the Geri-chair). are was reviewed. The use not included in his plan of at Director of the Medical riewed Patient #2's medical 9:30 AM, and confirmed ation to the POC for the use diffy Patient #2's POC to Geri-chair restraint. all record contained "Safety retation which indicated II Precautions" with four a bed at the following times: 1, 8:00 AM, and 5:00 PM. at Patient #2 had a fall at L PROTICAL [sic]" was g notes documented the fall a record entry stated when he was getting out of	A	The policy entitled "Geri-chairs, was revised on 1/5/12 as follow Retitled "Therapeutic Chairs of Defined a therapeutic chairs of Defined a therapeutic chairs of Defined a therapeutic chairs of Clarified therapeutic indicts occialization, change in penvironment, etc. On 1/6/12, the Restraint Policy regarding exemptions to restrain were removed as protective device functioning as a restraint the need for restraint orders, more restraint use requirements. Immediate action was taken to indocumentation to distinguish us a restraint and document therape An electronic communication was nursing personnel by the Director Operations on 12/11/11 stating immediately improve document patient's individual needs for the geri chair. Documentation enhal promoted through the building of	air Use" air as "a chair with side trays for cations for patient patient's was revised ints. Geri chairs vice exemptions. airs with the repotential of the thing onitoring and other improve se of the chair from peutic objectives, as issued to or of Nursing the need to attom of the erapeutic use of a ancement was of specific data		

-12/01/11 at 12:30 AM, 8:00 AM, 4:00 PM, and 11:44 PM. At 4:00 PM, the RN documented that

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ST JOSE	PH REGIONAL MEDICA	L CENTER		415 SIXTH STREET			
				LEWISTON, ID 83501			
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A 166	Continued From page	e 41	΄ Δ	166			
71,00	A 166 Continued From page 41 Patient #2 was "SOMETIMES CONFUSED AND IMPULSIVE." The Charge Nurse in the Medical/Oncology department was interviewed on 11/30/11 at 3:00 PM. She explained that Patient #2 became increasingly confused during his first night in the hospital and fall prevention measures were implemented around midnight on 11/28/11. The Charge Nurse stated measures for fall prevention included posting a sign outside of Patient #2's		:	CMS Interpretive Guideline A restraint does not include me patient from falling out of bed raising the side rails when a	ethods that <u>protect the</u> d. Examples include	<u>e</u>	
				stretcher, recovering from an experiencing involuntary mov types of therapeutic beds to from falling out of bed. The u	nesthesia, sedated, vement or on certain prevent the patient use of side rails in		
				these situations protects the out of bed and therefore, wou the requirements of standard	uld not be subject to		
:	of the bed alarm, wea	om free of clutter, activation aring rubber-soled socks, de rails up when Patient #2					
:	PM. He stated he ha had been trying to ge Patient #2 stated he v	ewed on 12/01/11 at 3:50 d to go to the bathroom and t out of bed when he fell. was not sure if he had before attempting to get out					
	cared for Patient #2 a interview on 11/30/11 had been called to the RN stated all four side	she did not know how he	!				
	Patient #2's record wa four side rails on Patie included on his plan o		1				
	Care Coordinator in th	29/11 at 3:30 PM, a Clinical e Medical/Oncology Patient #2's record and					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) PAUL TIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED TAG STREET ADDRESS, CITY, STATE, ZIP CODE 415 SWITH STREET LEWISTON, ID 83501 INVAIL OF PROVIDER OR SUPPLIER ST JOSEPH REGIONAL MEDICAL CENTER LEWISTON, ID 83501 A 166 Continued From page 42 confirmed the POC did not address the use of all four side rails. The facility did not modify Patient #2's POC to include the use of the four side rails restraint. 2. Patient #8 was a 97 year old female, admitted to the Medical/Oncology department on 11/29/11, with a diagnosis of back sparms. Patient #8 had been admitted from an assisted thing facility. Her Adult Admission inclated Patient #8 had mild dementia and was very forgetful and impulsive. It also stated she had poor balance and weakness and listed a front wheeled walker and gait belt as assistive devices. The assessment further stated she could be up with the assistance of one person. Her 11/29/11 physician admission orders indicated under "Activity" that she was to be up with assistance only. During an observation on 11/30/11 beginning at 3:10 PM, Patient #8 was observed sitting in a Geri-chair with the tray secured. Patient #8's Geri-chair was situated close to the nursing station. Patient #8 was observed for approximately 30 minutes while this surveyor reviewed medical records with the Department Director of the Medical/Surgical Units. During	CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				NO. 0938-0391
NAME OF PROVIDER OR SUPPLIER ST JOSEPH REGIONAL MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	I		(X3) DATE S	URVEY
STREET ADDRESS, CITY, STATE, ZIP CODE 41 SIXTH STREET LEWISTON, ID 33501 CALIFORNIA SUMMARY STATEMENT OF DEFICIENCIES RECURS OF YELL TAG SUMMARY STATEMENT OF DEFICIENCIES RECURS OF YELL TAG SUMMARY STATEMENT OF DEFICIENCIES RECURS OF YELL TAG SUMMARY STATEMENT OF DEFICIENCIES RECURS OF YELL TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERD TO THE APPROPRIATE DEFICIENCY) A 166 Continued From page 42 confirmed the POC did not address the use of all four side rails. The facility did not modify Patient #2's POC to include the use of the four side rails restraint. 2. Patient #8 was a 97 year old female, admitted to the Medical/Oncology department on 11/29/11, with a diagnosis of back spasms. Patient #8 had been admitted from an assisted living facility. Her Adult Admission Assessment completed the date of admission indicated Patient #8 had mild dementia and was very forgetful and impulsive. It also stated she had poor balance and weakness and listed a front wheeled walker and gait belt as assistive devices. The assessment further stated she could be up with the assistance of one person. Her 11/29/11 physician admission orders indicated under "Activity" that she was to be up with assistance only. During an observation on 11/30/11 beginning at 3:10 PM. Patient #8 was observed sitting in a Geri-chair with the tray secured. Patient #8's Geri-chair with the tray secured. Patient #8's Geri-chair was situated close to the nursing station. Patient #8 was observed for approximately 30 minutes while this surveyor reviewed medical records with the Department Director of the Medical/Surgical Units. During			130003			12/	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) A 166 Continued From page 42 confirmed the POC did not address the use of all four side rails. The facility did not modify Patient #2's POC to include the use of the four side rails restraint. 2. Patient #8 was a 97 year old female, admitted to the Medical/Oncology department on 11/29/11, with a diagnosis of back spasms. Patient #8 had midd been admitted from an assisted living facility. Her Adult Admission Assessment completed the date of admission indicated Patient #8 had mild dementia and was very forgetful and impulsive. It also stated she had poor balance and weakness and listed a front wheeled walker and gait belt as assistive devices. The assessment further stated she could be up with the assistance of one person. Her 11/29/11 physician admission orders indicated under "Activity" that she was to be up with assistance only. During an observation on 11/30/11 beginning at 3.110 PM, Patient #8 was observed sitting in a Geri-chair with the tray secured. Patient #8's Geri-chair was situated close to the nursing station. Patient #8 was observed for approximately 30 minutes while this surveyor reviewed medical records with the Department Director of the Medical/Surgical Units. During	NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CO		
A 166 Continued From page 42 confirmed the POC did not address the use of all four side rails. The facility did not modify Patient #2's POC to include the use of the four side rails restraint. 2. Patient #8 was a 97 year old female, admitted to the Medical/Oncology department on 11/29/11, with a diagnosis of back spasms. Patient #8 had been admitted from an assisted living facility. Her Adult Admission Assessment completed the date of admission indicated Patient #8 had mild dementia and was very forgetful and impulsive. It also stated she had poor balance and weakness and listed a front wheeled walker and gait belt as assistive devices. The assessment further stated she could be up with the assistance of one person. Her 11/29/11 physician admission orders indicated under "Activity" that she was to be up with the assistance only. During an observation on 11/30/11 beginning at 3:10 PM, Patient #8 was observed stiting in a Geri-chair with the tray secured. Patient #8's Geri-chair was situated close to the nursing station. Patient #8 was observed for approximately 30 minutes while this surveyor reviewed medical records with the Department Director of the Medical/Surgical Units. During	ST JOSE	PH REGIONAL MEDICAL	CENTER				
confirmed the POC did not address the use of all four side rails. The facility did not modify Patient #2's POC to include the use of the four side rails restraint. 2. Patient #8 was a 97 year old female, admitted to the Medical/Oncology department on 11/29/11, with a diagnosis of back spasms. Patient #8 had been admitted from an assisted living facility. Her Adult Admission Assessment completed the date of admission indicated Patient #8 had mild dementia and was very forgeftul and impulsive. It also stated she had poor balance and weakness and listed a front wheeled walker and gait belt as assistive devices. The assessment further stated she could be up with the assistance of one person. Her 11/29/11 physician admission orders indicated under "Activity" that she was to be up with assistance only. During an observation on 11/30/11 beginning at 3:10 PM, Patient #8 was observed for approximately 30 minutes while this surveyor reviewed medical records with the Director of the Medical/Surgical Units. During	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETION
"Please help me, please help me get out," and reached out with her hands to try to grab staff screens in the electronic medical record. when they walked close to her. During the observation time, there were three hospital staff members at the desk area, and two in the hallway area. No one was observed to address Patient		confirmed the POC diffour side rails. The facility did not modificated the use of the 2. Patient #8 was a 9 to the Medical/Oncolor with a diagnosis of basen admitted from all Adult Admission Asset of admission indicated dementia and was veralso stated she had perand listed a front where assistive devices. The she could be up with the person. Her 11/29/11 indicated under "Activity with assistance only. During an observation 3:10 PM, Patient #8 was approximately 30 minus reviewed medical reconstruction. Patient #8 was approximately 30 minus reviewed medical reconstruction of the Medical that time Patient #8 can "Please help me, please reached out with her has when they walked closs observation time, there members at the desk as the search of the medical than the search of the members at the desk as the search of the desk as the desk as the search of the desk as the desk as the search of the desk as the desk as the search of the desk as the search of the desk as the desk as the search of the desk as the search of the desk as the search of the desk as the search of the desk as the search of the desk as the search of the desk as the search of the desk as the search of the desk as the search of the desk as the search of the desk as the search of the desk as the search of th	addify Patient #2's POC to four side rails restraint. Tyear old female, admitted gy department on 11/29/11, ck spasms. Patient #8 had a assisted living facility. Her ssment completed the date of Patient #8 had mild the progetful and impulsive. It foor balance and weakness eled walker and gait belt as a assessment further stated the assistance of one physician admission orders ity" that she was to be up on 11/30/11 beginning at as observed sitting in a rescured. Patient #8's diclose to the nursing sobserved for tes while this surveyor rds with the Department /Surgical Units. During lied out to staff members the help me get out," and ands to try to grab staff the toher. During the were three hospital staff rea, and two in the hallway	A 16	The policy entitled "Geri-chair was revised on 1/5/12 as follo Retitled "Therapeutic C Defined a therapeutic c NO front tray barrier and patient belongings" Clarified therapeutic indication, change in environment, etc. On 1/6/12, the Restraint Policy regarding exemptions to restrain were removed as protective definition of the Geri of the therapeutic chairs eliminated the devise functioning as a restraint the need for restraint orders, in restraint use requirements. Immediate action was taken to documentation to distinguish to a restraint and document thera. An electronic communication on urrsing personnel by the Direct Operations on 12/11/11 stating immediately improve document patient's individual needs for the geri chair. Documentation enhanced through the building	hair Use" hair use" hair use" hair as "a chair with d side trays for dications for patient patient's y was revised aints. Geri chairs evice exemptions. chairs with the the potential of the int, thus eliminating monitoring and other improve use of the chair from apeutic objectives. was issued to ctor of Nursing g the need to ntation of the herapeutic use of a hancement was of specific data	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 166 Continued From page 43 A review of Patient #8's record with the Department Director of the Medical/Surgical Units was completed on 12/01/11 at 8:30 AM. She confirmed the record did not show modifications to Patient #8's plan of care to include Geri-chair use. The facility did not modify Patient #8's POC to include the use of the Geri-chair restraint. 3. Patient #1 was a 60 year old female admitted to the fourth floor of the hospital on 11/27/11, for repair of an incarcerated ventral hernia. According to the website freemd.com, last updated 8/19/10, a ventral hernia is a piece of intestine that protrudes through an abnormal opening in the abdominal wall. In a person with an incarcerated hernia, the intestine has become stuck in the abnormal opening. When this happens, the blood supply to the intestine is reduced, and the intestinal tissue starts to die. Patient #1's medical record contained documentation related to "Safety Precautions." On 11/27/11 at 4.03 PM, and on 11/28/11 at 12:00 AM, 12:46 PM, and 5:11 PM, nursing staff documented Patient #1 was on fall precautions and hourly rounding, and had four side rails raised on her bed for safety. Subsequent documentation indicated Patient #1 remained on fall precautions but had only two bed rails raised. On 11/30/11 at 1.33 PM, nursing documentation indicated that Patient #1 had a steady gait and had ambulated independently multiple times. The RN documented (on 12/01/11 at 5:49 AM, that	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU COMPLET	TED
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21 JOSE	PH REGIONAL MEDICAL	CENTER		L	EWISTON, ID 83501		
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A 166	her head, which was t indicated Patient #1 c and sustained a scrat then documented, "R0	ed and hit the right side of ender to the touch. The RN omplained of left knee pain ch on the knee. The RN DOM LIGHTS ON, ALL P POST FALL PROTOCOL	A -	166	The variation in the use of four bed two bed rails was directly related to assessment and the current needs regarding their falls risk.	o the nursing	
A 168	assessments would be after the fall and in the patient's fall risk was to as the appropriateness plan was to be updated did not include the use. An RN in the Surgical/reviewed Patient #1's in the use of four side rail the medical record folloon the POC. The facility failed to ensincorporated the use of into Patient #1's plan of and after her fall. 482.13(e)(5) PATIENT OR SECLUSION	eviewed. The policy lated to "Post fall to the policy, numerous e completed immediately following 48 hours. The policy of interventions. The care das needed. The policy of four side rails. Orthopedic department record. She confirmed that its was not documented in powing the fall, and was not sure hospital staff had the four side rails restraint of care after her surgery RIGHTS: RESTRAINT	A 16	88.	The organization's policy entitled, 'High Risk" includes as an intervent bed side rails where four rails do n length bed enclosure and still allow freely exit the bed. This clarificatio the policy on 1-6-12 by the VP of P Services to aide nursing staff in as introduction of appropriate intervent CMS Interpretive Guideline A-0161 restraint does not include methods patient from falling out of bed. Example the side rails when a patient stretcher, recovering from anesthed experiencing involuntary movement types of therapeutic beds to prever from falling out of bed. The use of these situations protects the patient out of bed and therefore, would not the requirements of standard (e)."	tion, use of four ot create a full with the patient to on was added to Patient Care seement and attion. I states, "A that protect the mples include t is: on a sia, sedated, it or on certain at the patient side rails in it from falling	,
	licensed independent presponsible for the care under §482.12(c) and a	der of a physician or other ractitioner who is of the patient as specified outhorized to order restraint policy in accordance with					

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ST LOSE	OU DECIONAL MEDICAL	CENTER		415 SIXTH STREET		
31 30351	PH REGIONAL MEDICAL	CENTER		LEWISTON, ID 83501		
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Δ 168	Continued From page	. 45	· •	168		
7 100		. 43	^	100		
	Based on staff and probservation, and revie hospital policies, it was failed to ensure physical as ordered by a physical directly impacted 2 of #8) who were observed current patients (#1 and have four side rails rail resulted in patients be discretion. Findings in 1. Patient #2 was a 71 the Medical/Oncology with a diagnosis of estimated the Medical force oriented. It also indicated pendently. An 11/Assessment document confused and did not with the medical progress not AM, indicated Patient #2 unsteady on his feet. It restrained without physician progress include:	ew of medical records and as determined the facility cal restraints were used only cian or other LIP. This 5 current patients (#2 and ed in Geri-chairs and 2 of 5 and #2) who were known to issed on their beds. This sing restrained at staffs' include: year old male, admitted to department on 11/28/11, ophageal cancer and receiving daily radiation sion nursing assessment on 1 Patient #2 was alert and ted he ambulated (29/11 Psychosocial ted Patient #2 was want to stay in bed. A e, dated 11/30/11 at 8:00 #2 was still very weak and Patient #2 was physically		Physician orders were not scenarios described beca not include the use of geril The removal of geril chairs the deficiency of no physicapplies to the use of four do not include enclose the always have a patient exit restraint as defined in the Guideline A-0161: "A restract methods that protect the pied. Examples include rail a patient is: on a stretcher anesthesia, sedated, experimental exper	tuse the organization chairs as a restrict of control of the service control of the service control of the service control of the service length of the best, this is not consist CMS Interpretive raint does not incontrol of the side rails of the s	tion did raint. rrects same ne rails rd and ridered a rects g out of s when n tary ic beds d. The s the
	AM, Patient #2 was not			:		
	Geri-chair in the doorw					
	initiation of a conversat					
		When he was questioned				

why he needed a hacksaw, he stated "I need a hacksaw to get out of this chair; two nurses were

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		130003	B. WIN	1G _		12/	C 09/2011
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07.1005		CENTER		1 4	415 SIXTH STREET		
21 JOSE	PH REGIONAL MEDICAL	CENTER		1	LEWISTON, ID 83501		
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Δ 168	Continued From page	46		168			
7,100	. •	**	. ^	100			
		is table." (He indicated the					
	tray connected to the	Gen-chair).					
	Patient #2's medical r	record was reviewed. A		- e			
		e use of the Geri-chair was			:		
	, ,	d. In an interview on			:		
	12/01/11 at 10:45 AM	, the Department Director of			i		
		Units stated Patient #2 did			-		
		restraint or for placement in			1 .		
		nairs were for patient safety					
	and not considered a	restraint.	1		The replacement of the Geri-chairs	with the	
	D-6-4 #0	in and in a Coul albair withbook a			therapeutic chairs eliminated the po		
	physician order to do	ined in a Geri-chair without a so.			devise functioning as a restraint. The completed on 1/5/12 under the direct Patient Care Services.		,
	b. Patient #2's medica	Il record contained "Safety					
		ntation which indicated	-				
	Patient #2 was on "Fa	Il Precautions" with four					
	side rails raised on his	s bed at the following times:			CMS Interpretive Guideline A-0161	states, "A	
į					restraint does not include methods t		
		1, 8:00 AM, and 5:00 PM.			patient from falling out of bed. Exam raising the side rails when a patient		
		at Patient #2 had a fall at			stretcher, recovering from anesthesi		
		L PROTICAL [sic]" was gnotes documented the fall			experiencing involuntary movement	or on certain	
	was unwitnessed. The				types of therapeutic beds to prevent		
		when he was getting out of		- !	from falling out of bed. The use of s these situations protects the patient		
		the floor towards the foot			out of bed and therefore, would not be		
		nentation further stated	1		the requirements of standard (e)."		
	Patient #2 continued to	o be impulsive and					
	attempting to get out of	f bed and that he was					
	confused and forgetful						
		8:00 AM, and 4:00 PM.					
		, 8:00 AM, 4:00 PM, and		-			
		, the RN documented that					
	Patient #2 was "SOME IMPULSIVE."	TIMES CONFUSED AND					

The Charge Nurse in the Medical/Oncology

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A 168	Continued From page	e 47	A	168		
	department was interv	rviewed on 11/30/11 at 3:00		10-		
		that Patient #2 became	:	1		
		d during his first night in the ention measures were				
	implemented around r	midnight on 11/28/11. The				
	-	measures for fall prevention	i			
:		gn outside of Patient #2's om free of clutter, activation				
		aring rubber-soled socks,	:			
		ide rails up when Patient #2		:		
	Patient #2 was intervi	iewed on 12/01/11 at 3:50				
	PM. He stated he had	d to go to the bathroom and		1		
		t out of bed when he fell.				
	Patient #2 stated he w requested assistance	was not sure if he had before attempting to get out				
	of bed.	Delote attempting to got out				
:	The RN in the Medica	al/Oncology department who				
	cared for Patient #2 at	it the time of the fall was	1			
		at 3:30 PM. She stated she				
	had been called to the RN stated all four side	e room after the fall. The e rails had been up on				
and the second s	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	she did not know how he				
	scooted to the foot of the					
	Patient #2's record was	•			CMS Interpretive Guideline A-0161 states, restraint does not include methods that pro	
		he four side rails were not		<u> p</u>	patient from falling out of bed. Examples in	include
	found.		1	ra	raising the side rails when a patient is: on stretcher, recovering from anesthesia, sed	n a
	During an interview on	11/30/11 at 4:10 PM, the		, е	experiencing involuntary movement or on	certain
1	Department Director of	of the Medical/Surgical Units		ty	types of therapeutic beds to prevent the pa	patient
:	stated a component of	f fall prevention was to have			from falling out of bed. The use of side rai these situations protects the patient from f	
		s up. She stated orders to		; 0	out of bed and therefore, would not be sub	
		ere not obtained, and the		<u>t</u> r	the requirements of standard (e)."	

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ST JOSE	PH REGIONAL MEDICAL	CENTER		415 SIXTH STREET LEWISTON, ID 83501		
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A 168	to the Medical/Oncolo with a diagnosis of batheen admitted from a Adult Admission Asset of admission indicated dementia and was ver- also stated she had proposed and listed a front where assistive devices. The she could be up with the person. Her 11/29/11 indicated under "Active assistance only. During an observation 3:10 PM, Patient #8 w	nsure restraints were hysician's order. 7 year old female, admitted gy department on 11/29/11, ck spasms. Patient #8 had a assisted living facility. Her essment completed the date of Patient #8 had mild ry forgetful and impulsive. It poor balance and weakness eled walker and gait belt as a assessment further stated the assistance of one physician admission orders ity" that she was to up with on 11/30/11 beginning at as observed sitting in a y secured. Patient #8's	A	Accountable person: VP/Patient Geri chairs were in use as a the described in a policy titled: Gerichars were in use as a the described in a policy titled: Gerichard G	nt Care Services perapeutic devise ri-Chairs - f use was to ds. pimprove use of the chair from peutic objectives. It was issued to stor of Nursing the need to station of the nerapeutic use of a mancement was of specific data cal record. I iewed with all i ication that the vas under r implementation as ical Director was are Services to r configuration so	
	station. Patient #8 wa approximately 30 minureviewed medical reco Director of the Medical	s observed for utes while this surveyor ords with the Department of Jourgical Units. During		trays could be removed by patical alternate product. On January chairs were taken from service a therapeutic chair.	5, 2012 all geri- and replaced with	
	"Please help me, please reached out with her h when they walked clos observation time, there members at the desk a	lled out to staff members se help me get out," and ands to try to grab staff e to her. During the were three hospital staff and two in the hallway erved to address Patient		The policy entitled "Geri-chairs, was revised on 1/5/12 as follow Retitled "Therapeutic Cha Defined a therapeutic cha NO front tray barrier and patient belongings" Clarified therapeutic indic socialization, change in penvironment, etc.	air Use" air Use" air as "a chair with side trays for cations for patient catient's	
	The Denartment Direct	or of the Medical/Surgical		On 1/6/12, the Restraint Policy		

Units reviewed Patient #8's medical record on 12/01/11 at 9:30 AM, and confirmed there were

were removed as protective device exemptions.

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A 168		nt or for placement in a irs were for patient safety restraint.	A 1	68		
	implemented with a pi 3. Patient #1 was a 60 to the fourth floor of the repair of an incarcerate According to the webs updated 8/19/10; a verintestine that protrude opening in the abdomnan incarcerated hernia stuck in the abnormal happens, the blood su	nysician's order. Dyear old female admitted the hospital on 11/27/11, for ed ventral hernia. Site freemd.com, last intral hernia is a piece of the sthrough an abnormal final wall. In a person with the intestine has become opening. When this				
	On 11/27/11 at 4:03 P 12:00 AM, 12:46 PM, a documented Patient # and hourly rounding, a raised on her bed for s documentation indicate fall precautions but had On 11/30/11 at 1:33 Pl indicated that Patient # had ambulated indepe	to "Safety Precautions." M, and on 11/28/11 at and 5:11 PM, nursing staff 1 was on fall precautions nd had four side rails		CMS Interpretive Guideline A- restraint does not include met patient from falling out of bed. raising the side rails when a p- stretcher, recovering from ane experiencing involuntary move types of therapeutic beds to p from falling out of bed. The us these situations protects the p out of bed and therefore, would the requirements of standard (hods that <u>protect the</u> Examples include atient is: on a sthesia, sedated, ement or on certain event the patient se of side rails in atient from falling d not be subject to e)."	
	fall risk. An RN documented, or Patient #1 fell out of be her head, which was te	n 12/01/11 at 5:49 AM, that id and hit the right side of inder to the touch. The RN implained of left knee pain	,	two bed rails was directly relate assessment and the current ne regarding their falls risk.	ed to the nursing	

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RE & MEDICAID SERVICES			OMB N	IO. 0938-0391
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ICIENCY MUST BE PRECEDED BY FULL		X (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
scratch on the knee. The RN id, "ROOM LIGHTS ON, ALL LS UP POST FALL PROTOCOL ST FALL PROTOCOL," last hospital 7/2006, was reviewed. rection to staff to raise four side fiter a patient fall. Ingical/Orthopedic department on 12/02/11 at 8:30 AM. She de rails would be raised on a confused or after a patient had a she had patients attempt to climb the rails. She stated it could be straint but that it was either raise sk the patient falling out of bed. In 145 AM, the VP of Patient Care is Department Director of the Units were interviewed jointly. It Care Services stated that the sen by the hospital was designed alls to be up without being traint. She stated the hospital reched this aspect of the bed to purchase. In and after her fall, Patient #1 was need by the use of the four side ysician order.	A	CMS Interpretive Guideline restraint does not include mpatient from falling out of be raising the side rails when a stretcher, recovering from a experiencing involuntary motypes of therapeutic beds to from falling out of bed. The these situations protects the out of bed and therefore, wo the requirements of standar. The organization's policy en High Risk" includes as an in bed side rails where four rail length bed enclosure and st freely exit the bed. This clar the policy on 1-6-12 by the N Services to aide nursing statintroduction of appropriate in The bed used throughout the with rails that do not create anclosure and still allows the the bed even with four rails to	tethods that protect the ed. Examples include a patient is: on a nesthesia, sedated, overment or on certain prevent the patient use of side rails in a patient from falling ould not be subject to d (e)." tittled, "Fall Guidelinestervention, use of four is do not create a full ill allows the patient to iffication was added to /P of Patient Care ff in assessment and intervention. e facility is equipped a full length bed e patient to freely exit up. Based on CMS	
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130003 R DICAL CENTER ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION) A page 50 A scratch on the knee. The RN Idd, "ROOM LIGHTS ON, ALL LS UP POST FALL PROTOCOL ST FALL PROTOCOL," last hospital 7/2006, was reviewed. rection to staff to raise four side fiter a patient fall. rgical/Orthopedic department on 12/02/11 at 8:30 AM. She de rails would be raised on a confused or after a patient had a she had patients attempt to climb the rails. She stated it could be straint but that it was either raise sk the patient falling out of bed. 2:45 AM, the VP of Patient Care to Department Director of the Units were interviewed jointly, at Care Services stated that the sen by the hospital was designed sails to be up without being traint. She stated the hospital roched this aspect of the bed o purchase. and after her fall, Patient #1 was ned by the use of the four side ysician order.	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130003 X	(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLE





C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

February 2, 2012

Timothy Sayler, Administrator St Joseph Regional Medical Center PO Box 816 Lewiston, ID 83501

Provider #130003

Dear Mr. Sayler:

On **December 9, 2011**, a complaint survey was conducted at St Joseph Regional Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00004977

Allegation #1: Nursing staff were inattentive and did not meet a patient's needs.

Finding #1: An unannounced survey of the facility was conducted from 11/30/11 to 12/02/11. Ten medical records were reviewed. Staff and patients and their families were interviewed.

Two medical records were for patients cared for on units other than the Surgical/Orthopedic Unit. Eight medical records were reviewed for patients cared for at some point in their hospital stay on the Surgical/Orthopedic Unit. Four of these were records of discharged patients, and four were for patients currently being treated by the facility. All of the medical records were reviewed for nursing staff attentiveness to patient needs. Documentation of food intake, hygiene care, the medication administration record, and patient activity were reviewed. Each record contained documentation of attention provided to assist patients with personal cares such as ambulation, toileting, hygiene, and assistance with meal set up. Each medical record contained documentation of routine medication administration as ordered and use of as needed medications based on patient assessments.

One record documented a young male admitted to the facility following a traumatic gunshot

Timothy Sayler, Administrator February 2, 2012 Page 2 of 4

injury to the head. The injury left the patient blind. According to the documentation the patient was admitted to the Intensive Care Unit and eventually was able to move to the Surgical/Orthopedic Unit. The patient suffered additional complications and subsequently ended up back in the Intensive Care Unit. He was eventually moved back to the Surgical/Orthopedic Unit from which he was discharged after approximately two months.

During the patient's stay on the Surgical/Orthopedic Unit, nursing staff documented pain assessment with medication administration, as well as alternative pain relief methods, offered several times a day. Staff routinely documented hygiene and toileting cares and the level of assistance the patient requested or required. There were many occasions throughout the patient's stay on the Surgical/Orthopedic Unit when staff documented the patient was dependent or needed assistance with oral care, bathing, toileting, ambulating, and meal set up. The patient appeared to progress to being independent with most cares by the end of the hospitalization. The medical record contained documentation of nursing interventions based on patient assessment, such as notifying the physician when the patient had decreased urine output.

The Director of the Medical and Surgical Units was interviewed on 11/30/11. She explained that individuals with disabilities were assessed for their specific needs. For example, if a patient could not speak they were given a writing board (if that was appropriate). If a patient was blind, staff worked one to one with them as needed for ambulatory guidance and orientation to the room. She stated meal trays were set up and the patient oriented to the location of the food items on the tray to assist with eating. She explained that verbal communication was used to notify the patient of the specific steps during the provision of patient care. She stated the computer system did not specifically allow for the various interventions to be added to the care plan, but staff practiced these standards as a matter of routine.

A Registered Nurse (RN) who cared for the patient on the Surgical/Orthopedic unit was interviewed on 12/02/11. She stated communication was a little difficult with the patient because of his depression. She stated there seemed to be a barrier between the patient and nursing staff, however he interacted quite freely with his mother. The RN stated she had been aware the patient's mother was anxious to obtain information related to resources for the blind and stated a fellow staff member with a child who was blind shared information with the patient's mother. The RN stated it was normal for blind patients to receive assistance setting up the meal tray and if possible would be offered finger foods to allow the patient to be as independent as possible. She stated nursing staff worked with blind patients in educating them regarding things such as spatial relationships. She stated she remembered the patient to be very independent, not wanting a lot of assistance, and he would often tell nursing staff he could do things himself.

The family members and three patients who received care on the Surgical/Orthopedic Unit were interviewed between 11/30/11 and 12/02/11. The patients selected for interview were those who

Timothy Sayler, Administrator February 2, 2012 Page 3 of 4

were more likely dependent on nursing staff to meet their needs. Each patient and/or family member stated they felt like staff were attentive and provided care to meet the needs of the patients.

As a result of the investigation, it could not be determined that nursing staff were inattentive and did not meet patient needs. Therefore, the allegation could not be substantiated and no deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Patients did not receive therapy or external resources for the new onset of a disablity.

Finding #2: An unannounced survey of the facility was conducted from 11/30/11 to 12/02/11. Ten medical records were reviewed. Five of these were records of discharged patients, and five were for patients currently being treated by the facility. Each of the records was reviewed for evidence of appropriate therapy interventions and any additional needs related to disabilities. All of the records contained documentation of the provision of therapy services as needed. There was documentation of social services involvement with discharge planning and continued provision of therapy services and provision of information needed for post-hospital care.

Only one record contained documentation of a patient with a new onset disability. The patient was admitted to the hospital following a traumatic gunshot wound to the head. As a result of the injuries, the patient was rendered blind. The medical record contained an order for occupational therapy to assist with training and education related to performing basic daily functions as a blind individual.

The medical record contained documentation from physicians and social workers regarding therapy required for the patient and the plans for discharge, which included inpatient rehabilitation. The social worker documented that the patient's family met with a local agency that provided advocacy to the blind to obtain information about available resources. Following this meeting, the social worker documented the family was interested in inpatient rehabilitation. About a month prior to the patient's discharge from the hospital the family declined inpatient rehabilitation despite the physician's recommendations. At the time of discharge the social worker documented the patient would return home with his family with therapy services to follow on an out-patient basis. In addition, the family had an appointment scheduled a few days after discharge with the Idaho Commission for the Blind to evaluate the patient for relevant resources.

The Director of Social Services, who worked with the patient described above, was interviewed

Timothy Sayler, Administrator February 2, 2012 Page 4 of 4

on 12/02/11. He stated the hospital had copious amounts of resource information for all types of disabilities and it was part of the discharge planning process to incorporate those resources as necessary. He explained that it had been the hospital's plan to transfer the patient to inpatient rehabilitation therapy and at that point incorporate more specific resources for the blind. He stated he felt the family was being very proactive regarding the blindness, but was still hesitant about the need for additional inpatient rehabilitation.

An RN who cared for the patient on the Surgical/Orthopedic unit was interviewed on 12/02/11. The RN stated she was aware the patient's mother was anxious to obtain information related to resources available to the blind and stated a fellow staff member with a child who was blind shared information with the patient's mother.

It could not be determined that therapy services and resources were not provided to patients with disabilities. Therefore, the allegation could not be substantiated and no deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

AIMEE HASTRITER Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

AH/srm